

Memorandum

To: Board Members

Date: July 10, 2005

**From: Communication and Public Education
Committee**

**Subject: Committee Activities – July Board Meeting
Update**

The Communication and Public Education Committee met July 7, 2005, in a public meeting held in the board's conference room. Minutes of this meeting are provided in this tab section as Attachment A.

Also provided at the end of this tab section is the quarterly update report to the board on the committee's strategic objectives.

For Action:

Item 1: Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Recommendation to Develop a Joint Web Site with the Center for Self Care to House Consumer Fact Sheets

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project chosen was the development of a consumer fact sheet series by student interns. This project is being coordinated by the UCSF Center for Consumer Self Care under the direction of R. William Soller, Ph.D.

By January 2005, the program had been initiated. Since then, four fact sheets have been developed, and a fifth is undergoing work by the board. The first fact sheets have been prepared -- "Generic Drugs – High Quality, Low Cost," "Cut Your Drug Costs," "Antibiotics – A National Treasure," and "Is Your Medicine in the News?" The fact sheets contain general information on the topic, but then contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area. Copies of these fact sheets are in Attachment 1.

Beginning this fall, Dr. Soller advises that he now has 11 students who have recently agreed to develop at least three fact sheets each.

For this influx of fact sheets, a list of topics has been designed to focus the students initially. This list is categorized and is provided in Attachment 1.

However, because a number of fact sheets will soon exist (perhaps within six months), the committee believes there is merit to Dr. Soller's suggestion to establish a joint Web site where these consumer fact sheets will be listed. The Center for Consumer Self Care will develop and maintain the Web site. The board will appear as cohost.

The committee encourages a discussion and approval of this project during this meeting.

For Information Only:

Item 2: Update: California Health Communication Partnerships

During the July meeting, the committee received an update on the activities of the California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion.

The first integrated campaign was antibiotic misuse and overuse, a campaign whose materials were developed by the FDA and promoted to physicians, pharmacies and pharmacists in the winter newsletters of the board and the Medical Board. The board also produced and distributed its consumer fact sheet on antibiotic misuse at public outreach events.

The next campaign was May 2005, which was seniors' month. Generic drugs were the focus of this effort. Various materials from the FDA and the board's new consumer fact sheet on generic medications were distributed at consumer fairs attended by the board. Also, at the National Association of Boards of Pharmacy Meeting, Executive Officer Harris hosted a poster session on the Partnership, which was well-received.

The next campaign is in the Fall on cancer screening. The Center for Consumer Self Care has obtained funding for a consumer column to be distributed nationwide through the NAPS distribution system. Public service announcements encouraging mammograms and prostate cancer screening have been developed.

Meanwhile, since October is Talk About Prescriptions Month, the board will continue to highlight the value of generics. Work is also aimed at a higher visibility program for generics in May 2006. The Center for Consumer Self Care is seeking outside funding for this effort.

Item 3: Status of *The Script*

Articles have been written for the next issue of the board's newsletter, *The Script*. These articles have just begun being reviewed, and this issue should be published late this summer.

Articles will promote the new award for pharmacists who have been licensed for 50 years, as well as the Subcommittee on Medicare Drug Benefit Plans formed by the board. The bulk of the newsletter's articles will provide amplifications of Pharmacy Law.

Item 4: Status of *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Under development are two issues:

1. Pain Management Issue:

The board's staff still is working to complete this new issue on pain management. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners.

Prominent pain management authors have written the articles, and Board Member Schell has edited the articles.

Work on the manuscript for this issue will be completed this summer.

2. Pharmacy Emergency Response to Patients in a Declared Disaster Area:

At the January 2005 Board Meeting, the board approved the development of a pharmacist emergency response *Health Notes* for the board.

RoseAnn Jankowski, former chair of the board's Competency Committee is coordinating this issue. Completion of this manuscript is scheduled for later this summer.

Item 5: Redesign of the Board's Web site

At the beginning of the year, the board's redesigned Web site was activated. The new format fits the mandated style of design of the Governor's Office.

However, several modifications will be made to the Web site in the coming weeks as the new Web page is too text-heavy and difficult to navigate.

Item 6: Update on the Board's Public Outreach Activities

The board continues to operate a vigorous outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board's Power Point presentation on the board (containing key board policies and pharmacy law) is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and these presentations usually are well-received by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals. However, in recent months interest in this topic has been waning, ideally because pharmacists and prescribers are learning the new requirements.

During 2004-05, the board and its staff have performed an impressive list of public and licensee educational activities (the detailed list appears in Attachment 2):

- at least 17 public education fairs or outreach events
- more than 56 forums to educate the profession or other health care providers and law enforcement staff.

For the quarterly report of public and licensee outreach activities since the April Board Meeting, board members and staff have:

- presented 2 public presentations about the board and new pharmacy laws

- provided 6 public presentations about the new controlled substances dispensing and prescribing requirements, including one by Executive Officer Harris at the National Association of Boards of Pharmacy annual meeting
- staffed 5 public booths at consumer fairs and 1 poster session at the National Association of Boards of Pharmacy annual meeting.

A list of the presentations made during the last quarter appears in Attachment 3.

Attachment 1

Consumer Fact Sheet Series

Proposed Web Site Framework for Joint Board and Center for Consumer Self Care

Fact Sheets Developed

- “Generic Drugs”
- “Is Your Medicine in the News?”
- “Lower Your Drug Costs”
- “Antibiotics – A National Treasure”

HOME: Take Your Medicines Right® Home Page

1.1 Taking Your Medicines Right

PAGE: Read the Label

- 2.1 How to Use an Rx Label
- 2.2 How to Use a OTC Label
- 2.3 How to Use a Dietary Supplement Label
- 2.4 How to Use a Food Label

PAGE: Take Only as Directed

- 3.1 Dangers of Double Dosing
- 3.2 Disposal of Out of Date Medicines
- 3.3 Tips on How to Take Your Medicines Safely
- 3.4 Antibiotic Resistance

PAGE: Ask Your Pharmacist or Doctor

PAGE: Have a Question?

- 4.1 Ask Your Pharmacist – Native Language

PAGE: Questions to Ask About Your Disease and Medicine

- 4.2 Diabetes: Questions to Ask
- 4.3 Cardiovascular disease: Questions to Ask
- 4.4 Asthma: Questions to Ask
- 4.5 Depression: Questions to Ask
- 4.6 Arthritis and Pain: Questions to Ask

PAGE: Preventing Disease and Promoting Health

- 4.7 What Can I Do to Prevent Disease?
 - 4.7.a. Regular Check-ups
 - 4.7.b. Screening
 - 4.7.b.1 Prostate Screening
 - 4.7.b.2 Breast Cancer Screening
 - 4.7.c. What Medicare Offers
 - 4.7.d. Adult Immunizations (new, suggested by student)
 - 4.7.e. Stroke: Early Warning Signs (includes use of aspirin)

PAGE: Childhood Illnesses and Health

- 4.8.a. Fever reducers: Questions to Ask
- 4.8.b. Immunizations: Questions to Ask and Schedule
- 4.8.c. Head Lice – Back to School
- 4.8.d. Otitis Media

PAGE: Sexually Transmitted Diseases

- 4.9 Sexually Transmitted Diseases (possibly separate CFSs)

PAGE: Questions to ask about your medicines

- 5.1. When Your Medicine Is in the News
- 5.2.a What About Drug Interactions?
- 5.2.b What About Drug-Herbal Interactions?
- 5.3 Lowering the Cost of Your Medicine
- 5.4 Ask Your Pharmacist - Medicare Part D Prescription Drug Benefit
- 5.5 Medication Therapy Management
- 5.6 Drinking and Taking Medicines
- 5.7 A Medicine Chest for Traveling
- 5.8 Medication Tolerance
- 5.9 Managing Your Parent's Medicines: A Guide for Adult Children

Links to: [Read the Label](#);
[Learn more about your disease and medicine](#)

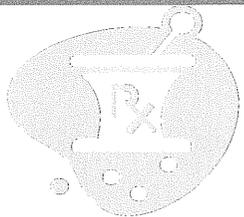
PAGE: Learn more about your medicine

- 6.1. Credible Sources on the Internet

PAGE: Cost of medicines & Managing your medicines

- 7.1 Lowering Your Cost of Medicines (I.e., 5.3,)
 - 7.2 Help for When You Can't Afford Your Medicines
- Links to: [What can I do to prevent disease? Re: Screening and Medicare coverage](#)

PAGE: Contributors & References



Antibiotics – a National Treasure

- FACT:** If medicines called antibiotics are not used properly or used when they are not needed, bacteria can mutate and develop resistance to the antibiotics. Then these medicines may no longer help us when we need them.
- FACT:** This is a big problem, and is a major public health threat within hospitals and communities – wherever antibiotics are used.
- FACT:** Antibiotics only work against infections caused by bacteria, not infections caused by viruses.
- FACT:** Colds or flu (or influenza), are examples of illnesses caused by viruses. Strep throat is an example of an illness caused by bacteria.

In which illnessare antibiotics needed?

Cold	No
Flu	No
Chest cold (in otherwise healthy children or adults)	No
Sore throat (except strep throat)	No
Bronchitis (in otherwise healthy children and adults)	No
Runny nose (with clear discharge) *	No
Fluid in Middle Ear (otitis media with effusion)	No

(From the Center for Disease Control)

* Discharge from a runny nose due to colds or flu will often turn from a clear/neutral color to yellowish as the cold is clearing up. If a greenish or yellowish discharge from your nose persists, contact your health care provider.

If in doubt, contact your health care provider about whether or not your condition warrants antibiotics.

What Can You Do to Help Check Antibiotic Resistance?

- ✓ Don't insist on an antibiotic when your health care provider says one is not right for your condition. Ask for remedies to relieve your symptoms.
- ✓ Don't take an antibiotic for a simple viral infection such as a cold, a cough, or the flu.
- ✓ Take medicine exactly as your health care provider tells you. If he or she prescribes an antibiotic, take it until it is gone, even if you are feeling better.
- ✓ Don't take leftover antibiotics, and don't take antibiotics prescribed for someone else. These antibiotics may not be right for your current condition. Taking the wrong medicine could delay getting the right medicine and may allow bacteria to grow.

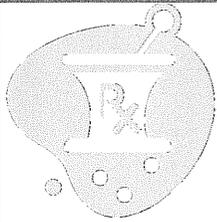


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CALIFORNIA STATE BOARD OF PHARMACY



BE AWARE & TAKE CARE:
Talk to your pharmacist!



Cut your drug costs!

It makes sense. Take your medicine just as your doctor says, and for as long as your doctor says. But ...

Drug costs are high. Everyone knows this, but it is especially hard on those living on fixed incomes, such as Seniors.

A recent study found that 25% of Seniors reduced or stopped their medicines if they use up their yearly drug benefit 2 ½ to 6 months before the end of the year.

Here are some hints on how to cut your drug costs.

1. Ask your pharmacist for help. Your pharmacist can work with your doctor to safely cut your drug costs.

2. With your pharmacist, get the answers to these questions.

- Can I get my medicine in generic form?
- Is there another less costly older drug in the same class that can be used as safely for my condition?
- Does my doctor have free samples that I can take?
- Does my pharmacy offer mail order, so I can get a lower cost 90-day supply of my medicine?
- Does my pharmacy offer a discount plan for Seniors?
- Does the drug manufacturer offer discounts or coupons on my medicine?
- Will my doctor prescribe a higher dosage, so I can use a pill cutter to cut the pill in half?
- Do I really need the medicine? Do NOT decide this by yourself. Check with your doctor and pharmacist.





Is Your Medicine In the News?

It's not unusual for the media to pick up on a possible safety problem with a popular medicine. After all, nothing is more precious than our health. So, consumers are always interested to hear or read news about their medicines.

It is not a surprise that a new safety problem may arise with a medicine. When a drug is approved by the Food and Drug Administration, not all is known about its safety. This is because the drug has not been studied in a large enough population to identify rare side effects. When drugs are newly approved, only side effects found in about 1% or more of patients are known.

A Common Sense Approach

Here are some steps to take to help make the right decision about your medicines:

- 1. Don't panic.** Usually a safety debate about a popular drug relates to reports of rare effects.
- 2. Contact your doctor or pharmacist** — personally, by telephone, or by e-mail.
- 3. Have a list of things to ask your doctor or pharmacist.** If you can, send a copy of your questions before your visit.
- 4. Tell your doctor or pharmacist exactly how you take your medicines.** Be sure to say if you are not following directions, taking more than you should, forgetting dosages etc.
- 5. Ask the following questions.**
 - Do you think the benefits of my taking this medicine outweigh the risks?

More questions to ask:

- What risks might I face in taking this medicine?
- Are there alternative medicines to the one I am taking?
- Are there alternatives to some of my medicines, such as lifestyle changes? Should I try these? What do I need to do to be successful with non-drug alternatives?
- If I have to continue to take this medicine, what side effects should I look out for, and when should I call you about them?
- In summary, would you review the best course of action for me?
(Take notes, if you need to.)
- Can we set up an appointment in 1-3 months to review what we've decided and see how I am doing?

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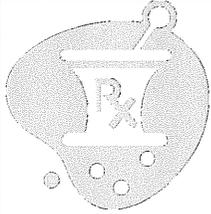
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BE AWARE & TAKE CARE
Ask to your Pharmacist!



Generic Drugs *high quality, low cost*

What Is a Generic Drug?

A patent gives a drug company the sole right to sell a new drug product. This type of product is called a brand name drug. The patent does not last forever. When a brand name drug loses its patent, a second company may then sell that drug. This type of product is called a generic drug.

The generic drug has the same active ingredient as the brand name drug. The generic drug may not look like the brand name drug. It may have its own shape or color. This does not affect how it works.

They are the same as brand name drugs...

When used as directed, a generic drug is the same as a brand name drug:

- It has the same use.
- It is as safe.
- It works the same way in the body.
- It is taken the same way.
- It has the same quality.

...But they cost less!

Generic drugs cost less than brand name drugs. The U.S. Food and Drug Administration (FDA) says, if people use generic drugs, they may save up to 15% in drug costs.

Their quality is ensured by FDA

- Each generic drug is tested. It must enter the bloodstream at the same rate and extent as the brand name drug.
- Generic drugs must also be tested to show they are stable.
- A generic drug must have the same identity, strength, quality and purity as the brand name drug.
- FDA inspects the factories of generic drug companies.
- FDA decides whether generic drugs are safe and high quality before they are sold in the USA.

Ask Your Pharmacist!

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CALIFORNIA STATE
BOARD OF PHARMACY



BE AWARE & TAKE CARE!
Talk to your pharmacist!

Attachment 2

*Public Outreach Activities Conducted
During 2004-05*

Memorandum

To: Board Members

Date: July 10, 2005

From: Virginia Herold

Subject: Report on Public Outreach Activities
2004-05

During the last fiscal year, the board participated in at least 17 public education fairs or outreach events, and 56 forums to educate the profession or other health care providers and law enforcement staff. Here is the detailed list of what was recorded.

Board of Pharmacy Outreach 2004-05

Public Outreach Events

- Board complaint staff provided information and brochures at the Asian Community Fair on July 15 in Sacramento, to a smaller than expected group of about 15.
- The board staffed a booth at the San Diego Better Business Bureau's Consumer Expo on August 7, 2004, a major consumer fair.
- Board staff provided information about the board and discount programs for drugs at the Triple "R" Adult Day Program in Sacramento on September 28.
- The board staffed a booth at the Yreka Health Fair, where 450 people attended.
- The board staffed a booth at the Sixth Annual Los Angeles County Health Fair and Senior Exposition on October 7—nearly 1,000 people attended.
- Board staff represented the board at the Circle of Advisors Meeting (regarding emergency contraception) on October 5.
- Supervising Inspector Nurse provided information about the new controlled substances requirements to the general public at a HICAP meeting in October.
- On October 16 board staff hosted a booth at the Healthy Aging Summit in Sacramento where 700 people attended.

- Board staff provided consumer information at the Paso Robles Senior Center's Senior Health Fair to approximately 400 people on November 6.
- The board participated as a sponsor at a brown bag consultation event with pharmacists hosted by KCRA TV and Rite Aid in Sacramento, about 6,000 people attended this event on January 8 and 9, 2005.
- The board staffed a booth at the Consumer Protection Day event in San Diego on January 29, 2005. Department Director Charlene Zettel was the keynote speaker where 1,500 people attended.
- The board staffed an information booth on March 12 at UCD's Healthy Aging Conference in Sacramento; over 4 Board President Goldenberg provided information about the challenges caused by the rising cost of prescription drugs at a Seniors Convention and Health Fair at the LA City Convention Center on May 7, where approximately 4,000 individuals attended. ,000 people attended.
- The board staffed a consumer information booth on April 30 in San Diego at the Better Business Bureau's 2005 Smart Consumer Expo, more than 1,000 people attended. DCA Director Zettel was one of the speakers.
- The board staffed a consumer information booth on May 7th in Sacramento at the 7th Annual Family Safety and Health Expo. ("Safetyville").
- Board President Goldenberg provided information about the challenges caused by the rising cost of prescription drugs at a Seniors Convention and Health Fair at the LA City Convention Center on May 7, where approximately 1,000 seniors attended.
- The board staffed an information booth on May 19 at the City of Sacramento's employee health fair.
- The board staffed an information booth on May 21 at the Elk Grove community health fair, where approximately 200 people attended.

To the Profession or Others:

- Board staff presented information to approximately 25 pharmacists regarding new controlled substances requirements at a leadership meeting of the Sacramento Valley Health System Society of Pharmacists (June 28).
- Board staff presented information to law enforcement agencies about CURES and drug diversion (May 27 and 28, not previously reported).
- Board staff presented information to audit staff of the Department of Health Services (June 30, not reported previously).
- Board staff presented information about compliance with California's sterile compounding requirements and radiopharmacy on July 8 to a group of about 10 pharmacists to a group in Southern California.
- Board staff presented information about the new prescribing requirements for controlled substances to physicians in San Luis

Obispo on July 14, and to pharmacists and law enforcement staff on July 15.

- Board staff presented information about prescribing and dispensing controlled substances under the new California requirements to a group of over 40 physicians and other health care providers on August 3.
- Board staff presented information about drug diversion investigations to investigators of the Department of Justice on August 26.
- Board staff presented information regarding the new requirements for controlled drugs to investigators and staff pharmacists of the Department of Health Services on September 8, and to more than 50 pharmacists, physicians and other health care providers at a presentation hosted by the Pharmacy Foundation of California and Catholic Healthcare West.
- Board staff provided a major presentation at the CMA's annual pain conference in Sacramento on September 10 to more than 600 providers.
- President Goldenberg and Supervising Inspector Nurse presented information about new controlled substances requirements to the San Diego ASCP Chapter on September 13.
- Staff presented information about quality assurance programs and sterile compounding to the Sacramento Valley Society of Health Systems Pharmacists on September 17.
- Staff presented information about the board and new controlled substances requirements to the UCSF Medical Center on September 21.
- Board staff presented information about drug diversion investigations to investigators of the Department of Justice on September 28.
- Board staff provided consumer information at an adult day care program in Carmichael on September 28.
- Staff presented information about the new controlled substances requirements to a group of approximately 100 pharmacists, physicians and other health care providers at St Mary's Medical Center in Orange County on September 30.
- Supervising Inspector Ratcliff was a speaker at the California Primary Care Association's Tenth Anniversary Conference on October 7.
- Board Member Jones represented the board as a speaker at the Indian Pharmacist Association on October 9, where approximately 500 individuals attended.
- In October board presented a telephone session on the new controlled substances requirements with health care providers in Redding.
- Board staff presented information about new controlled substances requirements to Santa Clara Medical Society.
- Supervising Inspector Ratcliff spoke at the California Primary Care Associations' Tenth Anniversary Conference on October 7.

- On October 15 board staff presented a telephone session on the new controlled substances requirements to 50 health care providers in Redding.
- Board staff presented information about new controlled substances requirements to the Santa Clara Medical Society.
- Board President Goldenberg speaker on importation at the CSHP's 2004 Seminar in Long Beach in November. More than 500 people attended.
- Supervising Inspector Robert Ratcliff gave the keynote address at CSHP's 2004 Seminar in Long Beach in November 2004.
- Supervising Inspector Ming presented an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.
- Board staff presented information about the board and the new controlled substances requirements on November 18 to the Orange County Chapter of the CPhA, approximately 80 pharmacists attended.
- Board Member Jones and Supervising Inspector Ratcliff presented information on prescribing and dispensing controlled substances to 70 pharmacists at a Indian Pharmacist Association Meeting in Artesia on December 10.
- Supervising Inspector Nurse presented information to the Northern California Pain Initiative Executive Committee on December 14, 2004 via teleconference to approximately 50 prescribers.
- Supervising Inspector Ratcliff will present information on prescribing and dispensing controlled substances to approximately 60 pharmacists to the South Bay Pharmacy Association on January 6, 2005.
- Supervising Inspector Ratcliff presented information about new controlled substances law to approximately 50 pharmacists at Vietnamese pharmacists on January 12.
- Supervising Inspector Ratcliff presented information on new pharmacy law to Phi Delta Chi at USC on January 20.
- Supervising Inspector Ratcliff presented information on new pharmacy law to 85 pharmacists and students at Phi Delta Chi at USC on January 20.
- The board staffed an information booth for two days at CPhA's 2005 Outlook on February 18-19. Over 500 pharmacists and students attended.
- Board President Goldenberg met with deans from the California schools of pharmacy, CSHP, and CPhA at the CPhA's Outlook 2005 Meeting to discuss items of interest to pharmacy students.
- Board Member Jones presented information on new dispensing requirements for controlled drugs at the CPhA's Outlook 2005 Meeting in San Diego in February 2005 to over 200 pharmacists.
- Supervising Inspector Ratcliff presented information on prescribing and dispensing controlled substances to approximately 90 pharmacists to the San Fernando Pharmacy Association on February 16, 2005.

- Supervising Inspector Ratcliff presented information to 100 1st year students at UCSF's School of Pharmacy on February 22.
- Supervising Inspector Ming and staff presented information on prescribing and dispensing controlled substances, and applying for the pharmacist licensure examination to 85 students at Western University on February 25.
- Executive Officer Harris presented information about the board to 1st year students at UCSF on March 1.
- Supervising Inspector Ming presented information about new prescribing and dispensing requirements for controlled drugs at the San Mateo County Pharmacists Association Meeting on March 17 to 84 pharmacist and pharmacy technicians.
- Board Member Schell presented information on automated technology in pharmacies to pharmacy students during April 2005's Legislative Day.
- Board Member Schell presented information about issues before the board to a group of 40 pharmacists at the Chico area Pharmacists Association meeting on April 7.
- Board Member Schell presented information about automation technology to a discussion group of faculty members and students at UCSF on April 14.
- Supervising Inspector Ratcliff presented information about new prescribing and dispensing requirements for controlled substances to about 20 physicians on April 7 at the High Desert Medical Center.
- Supervising Inspector Nurse provided information about controlled substances dispensing requires in California to DEA agents from Oakland and San Jose on April 20.
- Board Members Goldenberg and Conroy presented information about becoming involved and new pharmacy law to well over 100 UOP students on May 11.
- Supervising Inspector Nurse provided information about controlled substances dispensing requirements in California to DEA agents from Sacramento and Fresno on May 16.
- Supervising Inspector Ratcliff provided information about new prescribing and dispensing requirements for controlled substances to pharmacist members of the California Employee Pharmacist Association on May 25.
- Supervising Inspector Ming provided information about new prescribing and dispensing requirements for controlled substances to 20 Tenent Hospital staff directors on May 25.
- Executive Officer Harris provided information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting. She also presented information about the California Health Communication Partnership's activities during this meeting.

- Supervising Inspector Raticiff provided information about new prescribing and dispensing requirements for controlled substances on June 8 to the Hollywood-Wilshire Pharmacists Association.
- President Goldenberg represented the board at the founding meeting of the California Pharmacy Leadership Council on June 29.

Attachment 3

*Public Outreach Activities since the
April 2005 Board Meeting*

Memorandum

To: Board of Pharmacy Members

Date: July 10, 2005

From: Virginia Herold

Subject: Public Outreach Activities

The board strives to provide information to licensees and the public. To this end, it has a number of consumer materials to distribute at consumer fairs and attends as many of these events as possible, where attendance will be large and staff is available.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, which usually are well-received by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. We have also presented this information via telephone conference call to large numbers of individuals. In recent months, the board has had a dramatic decline in requests for this presentation, perhaps signaling that the prescribers and dispensers in this state have begun to feel comfortable about the new laws for controlled substances.

Public and licensee outreach activities performed since the last report to the board are:

- Supervising Inspector Nurse provided information about controlled substances dispensing requires in California to DEA agents from Oakland and San Jose on April 20.
- The board staffed a consumer information booth on April 30 in San Diego at the Better Business Bureau's 2005 Smart Consumer Expo, more than 300 people attended. DCA Director Zettel was one of the speakers
- Board Members Goldenberg and Conroy presented information about becoming involved and new pharmacy law to well over 100 UOP students on May 11.
- The board staffed a consumer information booth on May 7th in Sacramento at the 7th Annual Family Safety and Health Expo. ("Safetyville").

- Board President Goldenberg provided information about the challenges caused by the rising cost of prescription drugs at a Seniors Convention and Health Fair at the LA City Convention Center on May 7, where approximately 4,000 individuals attended.
- Supervising Inspector Nurse provided information about controlled substances dispensing requires in California to DEA agents from Sacramento and Fresno on May 16.
- The board staffed an information booth on May 19 at the City of Sacramento's employee health fair.
- The board staffed an information booth on May 21 at the Elk Grove community health fair, where approximately 200 people attended.
- Supervising Inspector Ratcliff provided information about new prescribing and dispensing requirements for controlled substances to pharmacist members of the California Employee Pharmacist Association on May 25.
- Supervising Inspector Ming provided information about new prescribing and dispensing requirements for controlled substances to 20 Tenent Hospital staff directors on May 25.
- Executive Officer Harris provided information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting. She also presented information about the California Health Communication Partnership's activities during this meeting.
- Supervising Inspector Ratciff provided information about new prescribing and dispensing requirements for controlled substances on June 8 to the Hollywood-Wilshire Pharmacists Association.
- President Goldenberg will represent the board at the founding meeting of the California Pharmacy Leadership Council on June 29.

Attachment A

*Minutes of the Communication and Public
Education Meeting
of July 7, 2005*



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STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee

Minutes of the Public Meeting of July 7, 2005
400 R Street, Suite 4080
Sacramento, CA
9:30 – 11:15 a.m.

Present: Bill Powers, Board Member
Richard Benson, Board Member
Ken Schell, Board Member
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer
In Audience: Stanley Goldenberg, Board President
John Jones, Board Member (arrived about 10:45)

Absent: Andrea Zinder, Chairperson and Board Member

Call to Order

President Goldenberg asked Dr. Schell to conduct the meeting in the absence of Chairperson Zinder. Dr. Schell called the meeting to order at 9 a.m.

Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

Over one year ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project chosen was the development of a consumer fact sheet series by student interns. This project is being coordinated by the UCSF Center for Consumer Self Care under the direction of R. William Soller, Ph.D.

So far, four fact sheets have been developed, and a fifth is undergoing work by the board. The first fact sheets prepared are "Lower Your Drug Costs to Help you Keep on Taking your Medicines," "Generics," "Antibiotics – A National Treasure," and "Is Your Medicine in the News?" The fact sheets contain general information on the topic, but then contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

During this meeting, Dr. Soller stated that he had no additional fact sheets to share. However, he now has 11 students who have recently agreed to develop at least three fact sheets each during the next six months.

Dr. Soller discussed with the committee the need to develop a classification system so that these fact sheets can be located and readily selected by consumers.

The committee also reviewed an organizational framework for the new fact sheets:

1. Taking your Medicines Right (four fact sheets)
 - How to Use an Rx Label
 - How to Use an OTC Label
 - How to Use a Dietary Supplement Label
 - How to Use a Food Label
2. Take Only as Directed (three fact sheets)
 - Dangers of Double Dosing
 - Disposal of Out of Date Medicines
 - Tips on How to Take your Medicine Safely
3. Ask your Pharmacist or Doctor
 - Have a question?
 - Ask your Pharmacist for Native Language Materials/Labeling
4. Questions to Ask About your Condition or Medicine:
 - Diabetes: Questions to Ask
 - Cardiovascular Disease: Questions to Ask
 - Asthma: Questions to Ask
 - Depression: Questions to Ask
 - Arthritis and Pain: Questions to Ask
5. What Can I do to Prevent Disease?
 - Regular Check Ups
 - Screening
 - What Medicare Offers
6. Childhood Illnesses and Conditions
 - Head Lice
 - Fever Reducers: Questions to Ask
 - Immunizations: Questions to Ask & Schedules
7. Questions to Ask About Your Medicines
 - What Are Drug Interactions?
 - Ask Your Pharmacist: Medicare Part D Prescription Drug Benefit
 - Medication Therapy Management – What Is It?
 - Drinking and Taking Medicines
8. Learn More about your Medicine
 - Credible Sources on the Internet

Dr. Soller also suggested the development of a Web site jointly hosted by the Center for Consumer Self Care and Board of Pharmacy to serve as the platform for this fact sheet series. UCSF would develop and maintain the Web site. The board would be a cohost.

The committee discussed the proposed new fact sheets and possibility of establishing this joint Web site. The committee recognized that once the additional fact sheets are developed, it will be important to have a solid distribution method and online library so consumers can obtain materials they are interested in.

Motion: Bill Powers, seconded by Ken Schell: recommend that the board establish a joint web site with the Center for Consumer Self Care to house the consumer fact sheet series

Vote: 3-0

The committee asked that the board's newsletter also promote the new fact sheets so that pharmacists can download the fact sheets for distribution to patients.

The committee plans to evaluate the project after one year. As such, this review will take place at the December meeting.

Update: California Health Communication Partnerships

The board is a member of the California Health Communication Partnership. The purpose of this group is to improve the health of Californians by developing and promoting consumer health education programs developed by the members in an integrated fashion.

Since the first meeting in September, there have been monthly meetings of the partnership, until April of this year. Members include representatives from the Board of Pharmacy, Medical Board of California, CPhA, CSHP, Board of Registered Nursing, California Medical Association, UCSF, Department of Consumer Affairs, and FDA and National Consumers League.

The first integrated project was an education campaign for practitioners and patients on antibiotic use, misuse and overuse. Between November 2004 and February 2005, the partnership agencies promoted these materials in their quarterly newsletters to licensees and on their Web sites. Consumer materials were distributed at public education fairs, and could be distributed by practitioners in their offices or pharmacies (via download of material from the Internet). Both the Medical Board and our board published the announcement in our winter newsletters. The Board of Registered Nursing placed a link to the FDA materials on their Web site.

Dr. Soller and Ms. Herold provided information about the partnership's recent activities.

May 2005 was seniors' month. Generic drugs materials were promoted by the partnership, and in this case, principally the board. Various materials from the FDA and the board's new consumer fact sheet on generic medications were distributed at consumer fairs attended by the board. Also, at the National Association of Boards of Pharmacy Meeting, Executive Officer Harris hosted a poster session on the Partnership, which was well-received.

Dr. Soller provided information about the next campaign which is targeted for Fall 2005. This campaign will focus on cancer screening. The Center for Consumer Self Care has obtained funding for a consumer column to be distributed nationwide through the NAPS

distribution system. Public service announcements encouraging mammograms and prostate cancer screening have been developed.

Meanwhile, since October is Talk About Prescriptions Month, the board will continue to highlight the value of generics. Work is also aimed at a higher visibility program for generics in May 2006. The Center for Consumer Self Care is seeking outside funding for this effort.

Status of *The Script*

The next issue of the board's newsletter, *The Script*, is undergoing review, and should be printed and distributed by the end of the summer.

Articles will promote the new award for pharmacists who have been licensed for 50 years, as well as the Subcommittee on Medicare Drug Benefit Plans formed by the board. The bulk of the newsletter's articles will provide amplifications of Pharmacy Law.

Status of *Health Notes*

The committee was advised that two issues of *Health Notes* are under development.

1. Pain Management Issue

The board's staff still is working to complete this new issue on pain management. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners.

Prominent pain management authors have written the articles, and Board Member Schell has edited the articles.

Work on the manuscript for this issue will be completed this summer.

2. Pharmacy Emergency Response to Patients in a Declared Disaster Area

At the January 2005 Board Meeting, the board approved the development of a pharmacist emergency response *Health Notes* for the board.

RoseAnn Jankowski, former chair of the board's Competency Committee, is coordinating this issue. A list of articles, an outline and educational objectives for this issue were reviewed by the committee. Completion of this manuscript is scheduled for later this summer.

Redesign of the Board's Web site

On December 22, the board's redesigned Web site was activated. The new format fits the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

However, Ms. Herold explained that board's staff is unable to locate materials readily that they know are on the Web site. Since board staff (who are familiar with the Web site) cannot locate materials, the concern is that others accessing the Web site must be having an even more difficult time.

Staff hope to complete these modifications in the early fall. The principal change is to consolidate topics on the Web page into more general topics. The goal is to replace much of the text on the Web Page with broader categories so that individuals will not have so much text to read and wade through to find something.

Update on the Board's Public Outreach Activities

The committee reviewed the board's outreach program that has been established to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board's Power Point presentation on the board (containing key board policies and pharmacy law) is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and these presentations usually are well-received by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals. However in recent months, the board has received substantially fewer requests for this information, which staff believe may be due to increased understanding by prescribers and pharmacists about these new requirements.

The specific outreach activities are:

- Supervising Inspector Nurse provided information about controlled substances dispensing requires in California to DEA agents from Oakland and San Jose on April 20.
- The board staffed a consumer information booth on April 30 in San Diego at the Better Business Bureau's 2005 Smart Consumer Expo, more than 300 people attended. DCA Director Zettel was one of the speakers

- Board Members Goldenberg and Conroy presented information about becoming involved and new pharmacy law to well over 100 UOP students on May 11.
- The board staffed a consumer information booth on May 7th in Sacramento at the 7th Annual Family Safety and Health Expo. ("Safetyville").
- Board President Goldenberg provided information about the challenges caused by the rising cost of prescription drugs at a Seniors Convention and Health Fair at the LA City Convention Center on May 7, where approximately 4,000 individuals attended.
- Supervising Inspector Nurse provided information about controlled substances dispensing requires in California to DEA agents from Sacramento and Fresno on May 16.
- The board staffed an information booth on May 19 at the City of Sacramento's employee health fair.
- The board staffed an information booth on May 21 at the Elk Grove community health fair, where approximately 200 people attended.
- Supervising Inspector Ratcliff provided information about new prescribing and dispensing requirements for controlled substances to pharmacist members of the California Employee Pharmacist Association on May 25.
- Supervising Inspector Ming provided information about new prescribing and dispensing requirements for controlled substances to 20 Tenent Hospital staff directors on May 25.
- Executive Officer Harris provided information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting. She also presented information about the California Health Communication Partnership's activities during this meeting.
- Supervising Inspector Ratcliff provided information about new prescribing and dispensing requirements for controlled substances on June 8 to the Hollywood-Wiltshire Pharmacists Association.
- President Goldenberg will represent the board at the founding meeting of the California Pharmacy Leadership Council on June 29.

The committee also reviewed a detailed list of the more than 70 public outreach events undertaken during 2004-05. This list will be provided to the board as part of the committee's report.

Miscellaneous Consumer Issues/Articles in the Media

Staff provided the committee with copies of recent consumer issues reported in the newspapers

Dr. Schell encouraged the board to educate patients about the dangers of sharing medication to reduce drug expenses. This topic was the subject of one recent news article.

Ms. Herold stated that many of these articles would become the basis for good consumer brochures or fact sheets, which is why they are included in the committee's materials.

The committee asked that these news clippings be made available on the board's Web site.

Consumer Brochures Translated

Ms. Herold showed copies of two consumer brochures developed by the board last year on Lowering your Drug Costs and Buying Drugs from the Internet that have now been translated into Vietnamese, Mandarin and Spanish. After the translations have been verified, these translated brochures will be added to the board's Web site.

Adjournment

There being no additional business, Acting Chairperson Schell adjourned the meeting at 11:15 a.m.



California State Board of Pharmacy

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STATE AND CONSUMERS AFFAIRS AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

ARNOLD SCHWARZENEGGER, GOVERNOR

Meeting Summary

Subcommittee on Medicare Drug Benefit Plans

July 7, 2005

1-3:30 p.m.

Board of Pharmacy
400 R Street, Suite 4080
Sacramento, California

Present: Stanley Goldenberg, Board President
Bill Powers, Board Vice President
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer
Jan Perez, Legislative Coordinator

In audience: John Jones, Board Member
Richard Benson, Board Member

President Goldenberg called the meeting to order at 1:05 p.m.

He explained that the purpose of the meeting is to discuss the implementation of the Medication Prescription Drug Act, and specifically the Part D Benefit. These changes, which will begin January 1, 2006, represent an enormous change in the Medicare benefit program. These changes will affect Medicare beneficiaries, their families and caregivers as well as pharmacists, physicians, nurses and patient advocates. Additional changes will affect Medicaid patients and their caregivers. Because of the complexity of the new law, significant learning will need to take place so that beneficiaries and providers understand how to use the new benefits.

President Goldenberg stated that his hopes are that the regulatory agencies will take a strong lead in educating their licensees about the new provisions. Patients and their families will seek information from their health care providers, and lack of knowledge by the health care providers will place additional strains on patients and health care advocates to obtain and provide this information.

President Goldenberg concluded his opening remarks by noting the diversity of attendees in the audience, who included representatives of patient advocate groups, the

Medical Board of California, drug manufacturers, schools of pharmacy, and diverse individuals. He encouraged all to fully participate in the meeting.

Teri Miller, PharmD, Senior Pharmaceutical Consultant, MediCal Policy Division of the California Department of Health Services, provided an overview of the federal Medicare Prescription Drug Act. Dr. Miller's presentation focused on the plan's major provisions and implementation challenges for California; this presentation comprised the bulk of the meeting. Dr. Miller's PowerPoint presentation will be added as an attachment to the meeting summary (Attachment 1).

Kim FitzGerald, Public Affairs Specialist, Social Security Administration, stated that her agency is in charge of beneficiary outreach and education for the Medicare Prescription Drug Plan. There is one outreach coordinator in each Social Security Office. Ms. FitzGerald distributed a list of Medicare Outreach Coordinators for Northern California and three beneficiary-oriented fact sheets.

Ms. FitzGerald also provided copies of the application that was recently mailed to those Medicare beneficiaries whose income and assets may qualify them the enhanced coverage for low-income individuals. This application is available online at www.socialsecurity.gov or by calling 1-800-772-1213 or 1-800-MEDICARE.

She stated that the phone numbers will be a more useful reference for many because the group of potential beneficiaries is not a group who widely use the Internet. However, there is a great deal of information available online for those who will assist potential beneficiaries, including a qualifier calculator. Another related Web site is www.medicare.gov.

David Lipshultz, Staff Attorney, California Health Advocates, discussed a number of issues from the patient's perspective revolving around how to select the best plan for any individual patient. What will the plan cost? What is the best plan for an individual? What if an individual needs/wants to change plans? Should an individual drop a retirement drug benefit plan? Essentially patients and their advocates need to learn what are the key decision points and decision deadlines.

Mr. Lipshultz discussed a number of other issues that will affect any patient's ability to secure the best plan, or what to do if a patient needs to change plans. For example, what will the appeals process involve? Will there be continuity of care for existing prescribed drugs? If a patient cannot pay the copayment, will pharmacies not dispense the drugs?

He stated that there are already scams appearing to "help" individuals learn about the new benefits.

He encouraged the Board of Pharmacy to become involved by reviewing the formularies once they are released to assure they provide adequate medication coverage. If a plan does not cover a particular drug, the patient will have to work to get it approved through

the appeals process. This is a new process, and pharmacists and physicians will need to become knowledgeable about the plans to become successful in securing an appeal of a denied drug.

Aileen Harper, Executive Director, Center for Health Care Rights, continued to describe many of the implementation and educational issues from the patient's perspective raised by Mr. Lipschultz. She stated that HICAP is involved in many of these issues currently. Patients will need to use either the appeals process or seek waivers to attempt to secure specific drug coverage.

President Goldenberg thanked the presenters and advocated for future meetings where California's health care provider regulatory boards would be active participants. He stated that he would attend the Medical Board's meeting at the end of July to encourage that board's involvement in the educational efforts. Representatives of the Medical Board agreed that this outreach is needed. Educational outreach is also needed to include nurses and others who provide patient care.

He also emphasized that patients need access to clear and accurate information about selecting a plan. Many participants in this meeting are developing or working on this component.

President Goldenberg invited those present to bring their ideas to the next meeting of this subcommittee, which will take place in late September or early October. He added that CMS needs to be part of future meetings, and regretted that CMS was unable to attend this meeting.

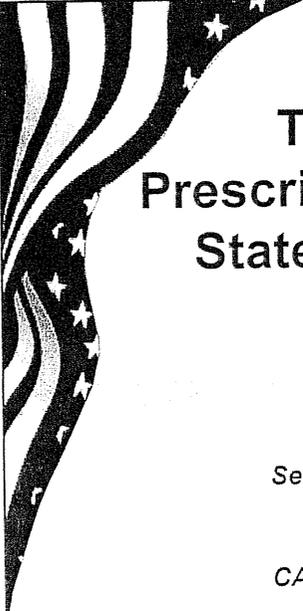
President Goldenberg thanked those present for their participation and adjourned the meeting at 3:30 p.m.

Attachment 1

*The Federal Medicare Prescription Drug
Act: Overview, State Impact and
Consumer Issues*

*A PowerPoint Presentation Prepared by
Teri Miller, Pharm.D., California
Department of Health Services, MediCal
Policy Division*

July 7, 2005



The Federal Medicare Prescription Drug Act: Overview, State Impact, and Consumer Issues

Teri Miller, Pharm.D.

Senior Pharmaceutical Consultant

Medi-Cal Policy Division

CA Department of Health Services



Slide -1



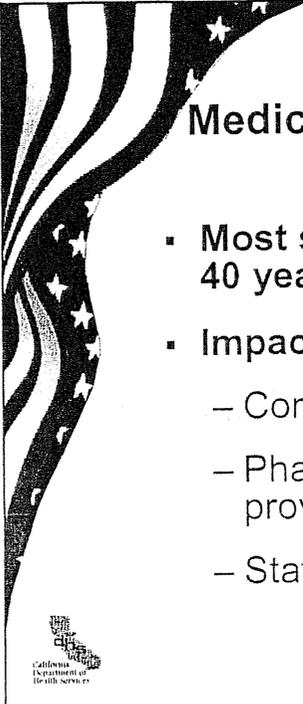
Also known as.....

- The Medicare Prescription Drug, Improvement, and Modernization Act of 2003
- Public Law 108-73
- MMA
- Medicare Part D



Slide -2





Medicare Modernization Act of 2003

- Most significant change to Medicare in 40 years.
- Impacts
 - Consumers
 - Pharmacists and other health care providers
 - State of California



Slide -3



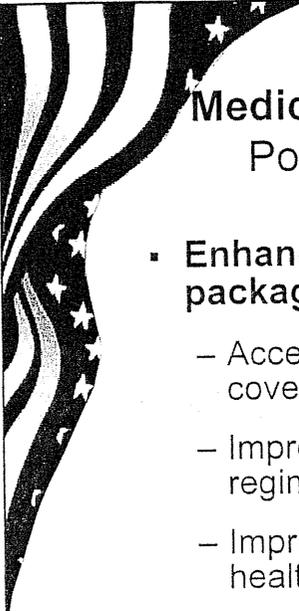
Timeline

- January 21, 2005 - Final Rule Published
- March 23 - MA-PD & PDP applications
- April 18 - Formulary submission
- June 6 – MA-PD & PDP Bid submissions
- July - Final pharmacy contracts
- August / September - PDPs announced
- October 1 - Marketing begins
- November 15 - Enrollment begins
- January 1, 2006 – Coverage begins



Slide -4



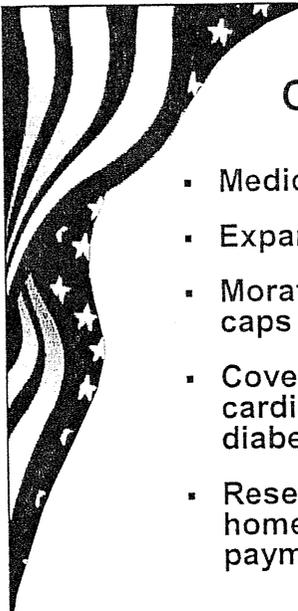


Medicare Modernization Act of 2003 Positive Effects for Beneficiaries

- **Enhancement of Medicare benefit package.**
 - Access to subsidized prescription drug coverage
 - Improved compliance with treatment regimens
 - Improved health and reduction of adverse health effects



Slide -5



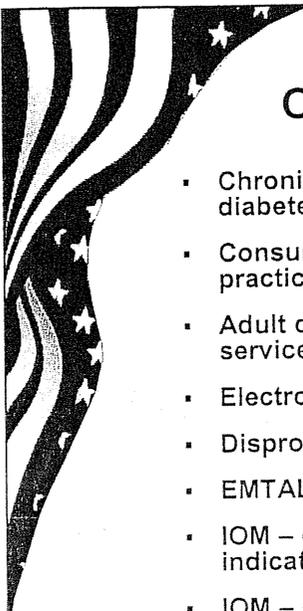
OTHER MMA PROVISIONS

- Medication Therapy Management Services
- Expand telemedicine demonstrations
- Moratorium on therapy reimbursement caps
- Cover initial physical exams for cardiovascular screening blood tests and diabetes screening
- Research methods to modify SNF, ESRD, home health, and rehab hospital services payment systems



Slide -6



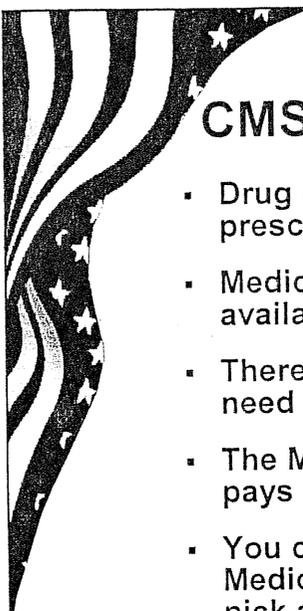


OTHER MMA PROVISIONS

- Chronic care improvement program (CHF, complex diabetes, and COPD)
- Consumer-directed chronic outpatient best practices
- Adult day care services as part of home health services
- Electronic medication prescribing
- Disproportionate Share Funding increases
- EMTALA
- IOM – evaluation of leading health care performance indicators aligning performance with payment
- IOM – evaluate Quality Improvement Organizations
- And others



Slide -7



CMS Key Messages to Public

- Drug coverage that helps you pay for the prescriptions you need
- Medicare prescription drug coverage is available to all people with Medicare
- There is additional help for those who need it most
- The Medicare prescription drug coverage pays for brand name and generic drugs
- You can choose between at least two Medicare prescription drug plans and pick a plan that is right for you



Slide -8



Medicare Part D Beneficiaries

- Currently, ~24% of Medicare beneficiaries do NOT have prescription drug coverage

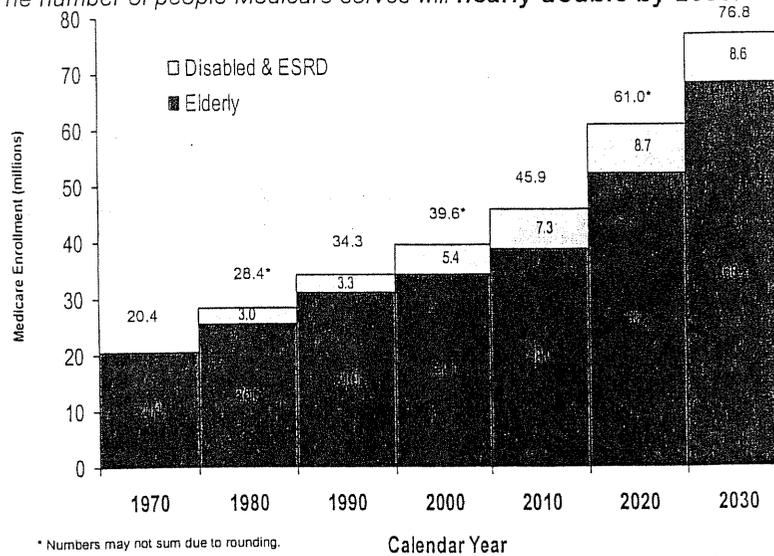


Slide -9



Future Demographics

The number of people Medicare serves will *nearly double* by 2030.



Section III.B.1, Page 3

Medicare Part D Beneficiaries

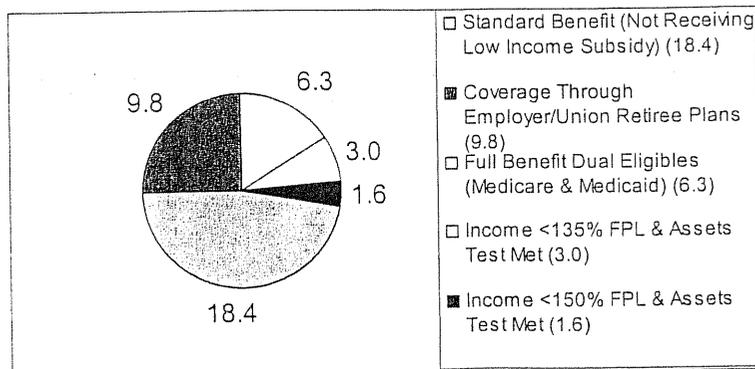
- Estimated 43 million Medicare beneficiaries will be eligible for Medicare prescription drug coverage in 2006
 - ~91% (39 million) will receive drug coverage through a *Medicare prescription drug plan* or through an *employer/union retiree plan* that is eligible for retiree drug subsidy



Slide -11

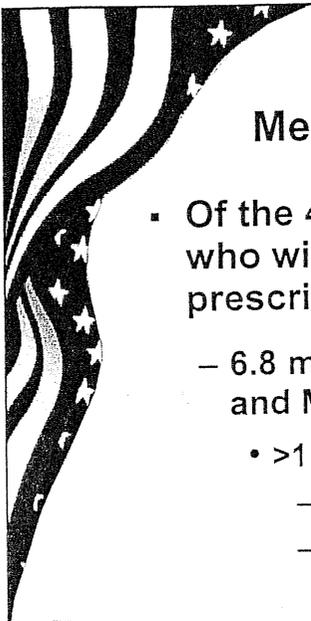


Beneficiaries Estimated to Receive Drug Coverage Through Medicare Part D Plans or Retiree Subsidy in 2006 (in millions)



Slide -12



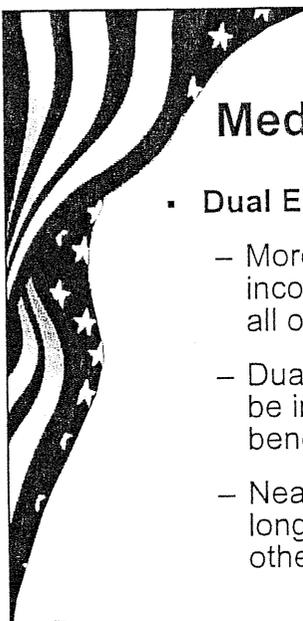


Medicare Part D Beneficiaries

- Of the 43 million Medicare beneficiaries who will be eligible for Medicare prescription drug coverage in 2006
 - 6.8 million will qualify for both Medicare and Medicaid (aka “*Dual Eligibles*”)
 - >1 million reside in California
 - 937,000 in Medi-Cal fee-for-service
 - 137,000 in Medi-Cal managed care



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Medicare Part D Beneficiaries

- Dual Eligible (Medi-Medi) Demographics
 - More than 70% of dual eligibles have annual incomes below \$10,000 compared to 13% of all other Medicare beneficiaries.
 - Dual eligibles are more than twice as likely to be in fair or poor health as other Medicare beneficiaries (52% compared to 24%)
 - Nearly a quarter of all dual eligibles are in long-term care facilities compared to 2% of other Medicare beneficiaries.



Slide -14





Impact on Consumers

California Department of Health Services



Slide -15



Overview



Medicare Prescription Drug Coverage

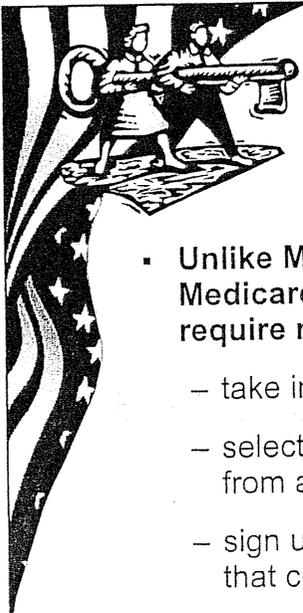
- Coverage begins January 1, 2006
- Available for all people with Medicare
- Provided through
 - Prescription drug plans (PDPs)
 - Other Medicare health plans (MA-PDs)
 - Some employers and unions to retirees

California Department of Health Services



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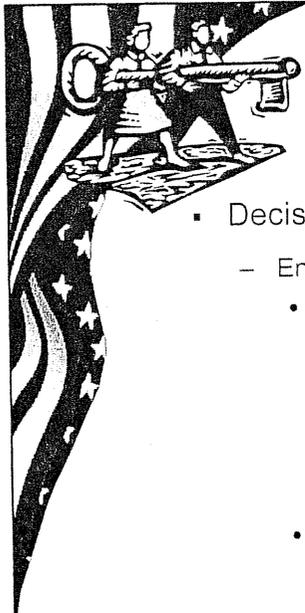


Key Decisions Required

- Unlike Medicare Parts A and B, the new Medicare Part D prescription drug benefit will require most people to
 - take independent action and apply for benefits.
 - select a benefit package for prescription drugs from a universe of offerings
 - sign up with the provider of a benefit package that comes closest to meeting their needs.



Slide -17



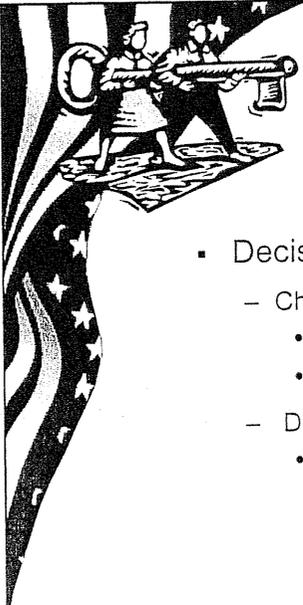
Key Decisions Required

- Decision #1
 - Enroll in Part D, or not
 - May depend on their existing coverage
 - Retiree benefits and employer decision determine enrollment in Part D
 - Medigap and Rx benefits compared to Part D
 - Duals are automatically enrolled
 - Low income must enroll for premium subsidy
 - Notices from employers and Medigap insurers due in September



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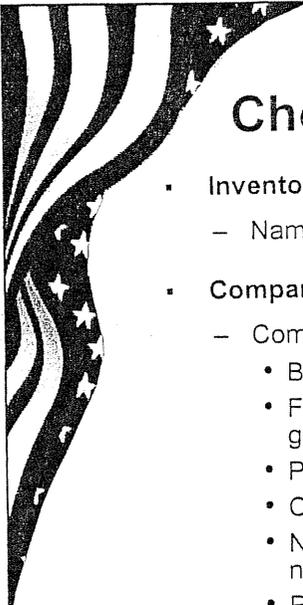
Key Decisions Required

- Decision #2
 - Choose a Part D plan
 - Basic or enhanced plan, PDP, MA-PD, or other
 - Information not available until October
 - Duals automatically assigned to a plan
 - Can switch to a more suitable plan
 - Subsidy may not cover cost of all available plans



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Choosing a PDP or MA-PD

- Inventory current medications
 - Name of drug, strength, quantity, brand or generic
- Comparison and selection
 - Compare each Part D Plan (PDP and MA-PD)
 - Basic or enhanced benefits offered
 - Formulary (Rx on or off), multiple tiers for brand and generic
 - Pre-authorization rules
 - Cost sharing, deductible, co-pays
 - Network requirements preferred, non-preferred providers
 - Premium
 - Select a PDP or MA-PD and enroll



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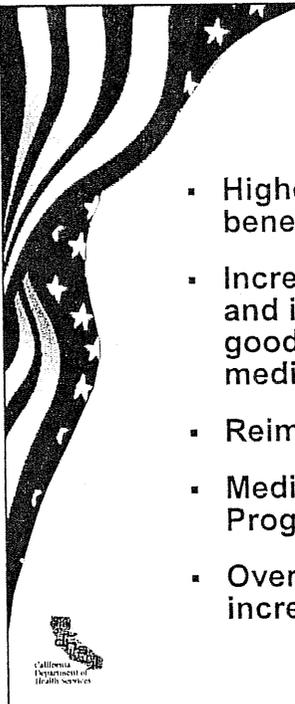


Impact on Pharmacy

California Department of Health Services



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Impact on Pharmacy

- Higher drug utilization among beneficiaries without prior drug coverage
- Increased foot traffic in retail pharmacies and increased sales for pharmacies' other goods (in addition to prescription medicines)
- Reimbursement for dual eligibles
- Medication Therapy Management (MTM) Program
- Overall expected *positive* effect and increased growth on pharmacy

California Department of Health Services



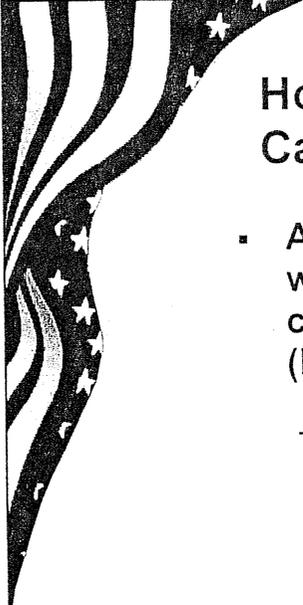
Slide -22



Impact on the State of California



Slide -23



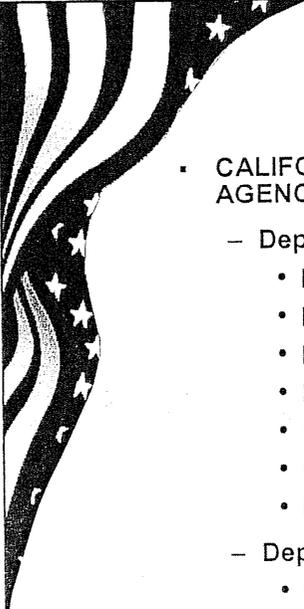
How the MMA impacts California's Medi-Cal Program

- As of January 1, 2006, Medi-Cal will no longer provide drug coverage for "Dual Eligible (DE)" individuals
 - Will be provided via Medicare Part D, instead.



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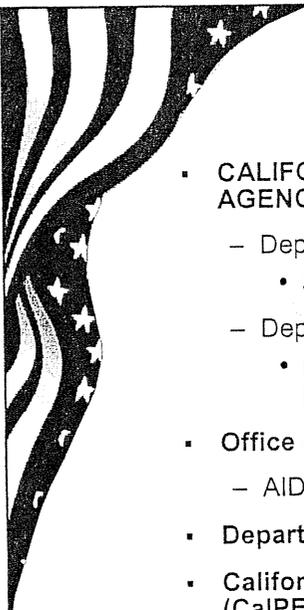
MMA IMPACTS

- CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
 - Department of Health Services
 - Medi-Cal (Fee for Service)
 - Medi-Cal (Managed Care)
 - PACE and SCAN programs
 - Eligibility
 - Information Technology Services
 - Outreach
 - Fiscal
 - Department of Developmental Services
 - Centers operate their own pharmacies



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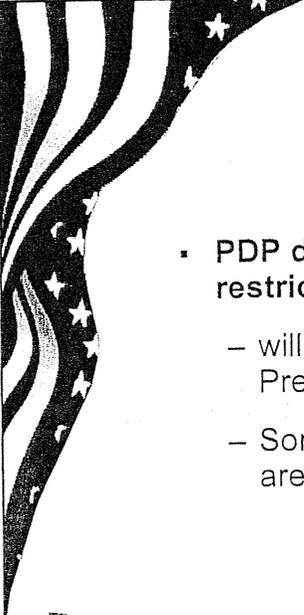
MMA IMPACTS

- CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (continued)
 - Department of Mental Health
 - State Mental Hospitals
 - Department of Aging
 - Health Insurance Counselor and Advocacy Program
- Office of AIDS
 - AIDS Drug Assistance Program (ADAP)
- Department of Rehabilitation
- California Public Employee Retirement System (CalPERS)
 - Retiree drug subsidy



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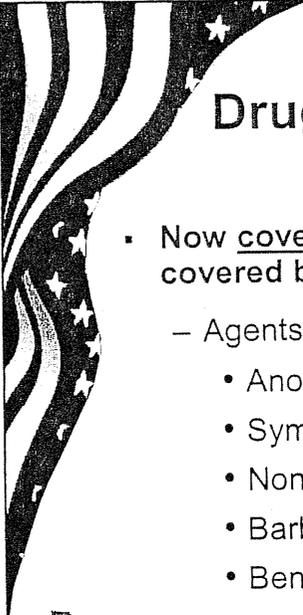


Drug Coverage (Dual Eligibles)

- PDP drug coverage is likely to be more restrictive than current Medi-Cal coverage
 - will depend on each individual's Prescription Drug Plan (PDP)
 - Some drugs currently covered by Medi-Cal are excluded from Part D



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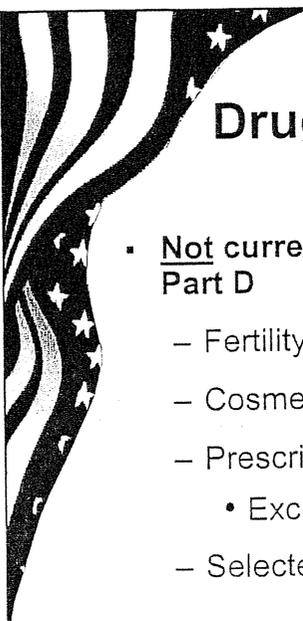
Drugs Excluded from Part D

- Now covered by Medi-Cal, but will not be covered by Part D
 - Agents when used for
 - Anorexia, weight loss, or weight gain
 - Symptomatic relief of cough and colds
 - Nonprescription drugs
 - Barbiturates
 - Benzodiazepines



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Drugs Excluded from Part D

- Not currently on Medi-Cal and excluded from Part D
 - Fertility
 - Cosmetic purposes or hair growth
 - Prescription vitamins/minerals
 - Except prenatal vitamins and fluoride
 - Selected covered outpatient drugs



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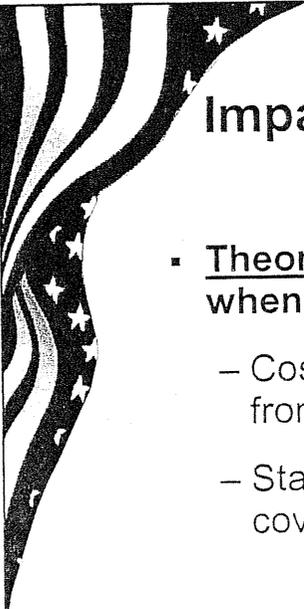
Transition Issues

- “Dual Eligibles” will be
 - automatically enrolled in Medicare Part D and in a prescription drug plan (PDP) prior to January 1, 2006.
 - randomly assigned to PDPs



Slide -30



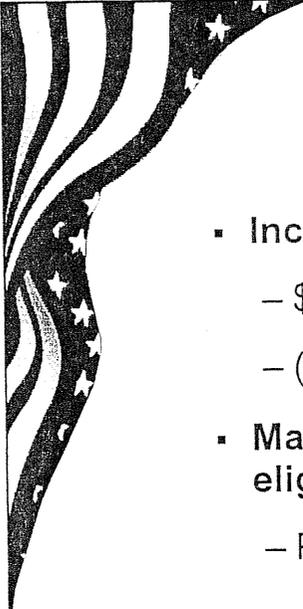


Impact on State of California

- **Theoretical “savings” to the State when....**
 - Cost of drugs for dual eligibles shifts from Medi-Cal to Medicare
 - State gets subsidy for drug coverage for Retirees



Slide -31



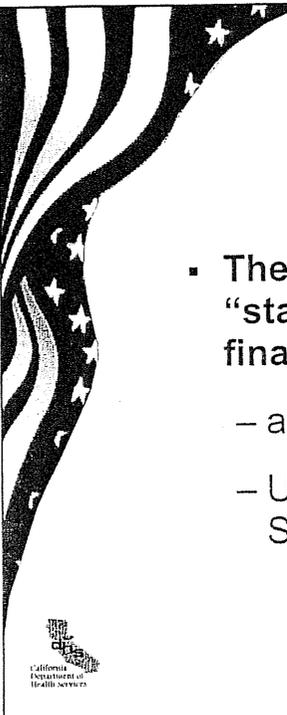
How the MMA impacts California's State Budget

- **Increased annual cost**
 - \$54 million or more
 - (beginning FY 06-07)
- **Major change in benefits for dual eligibles on January 1, 2006**
 - Potential gaps in drug coverage



Slide -32



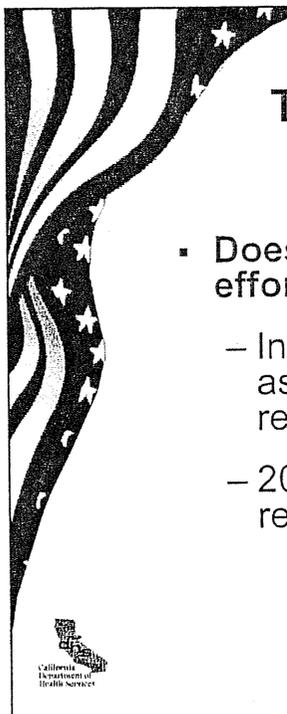


Why Do California's Medicaid Costs Increase with Part D?

- The MMA requires states to make a “state contribution” payment to help finance Part D for dual eligibles
 - aka the “Clawback”
 - Uses a formula that *disadvantages* States with rebate programs



Slide -33



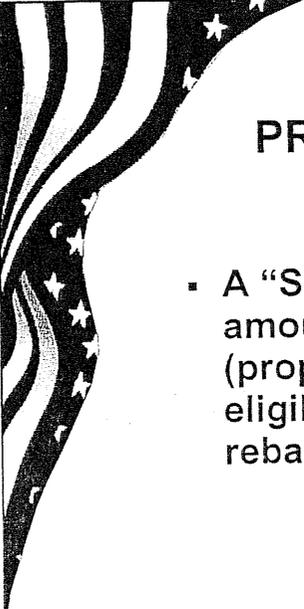
THE “CLAWBACK”

- Does not reflect state savings efforts since 2003, including:
 - Increased rebate collections associated with supplemental rebate programs
 - 2004 pharmacy provider rate reduction



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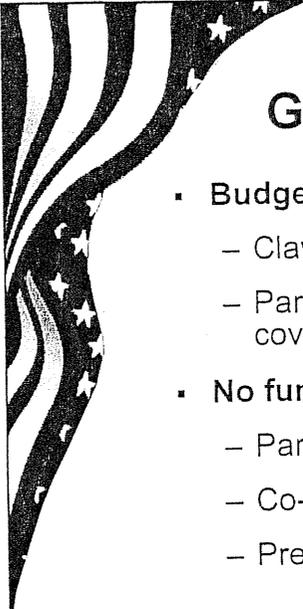


CALIFORNIA'S PROPOSED ALTERNATIVE

- A “State Contribution” (clawback) amount that is based on data that (properly) links claims paid for dual eligibles with the manufacturer rebates obtained for these claims



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GOVERNOR'S BUDGET

- Budget proposes to pay for:
 - Clawback
 - Part D excluded drugs that are currently covered by Medi-Cal
- No funds available for any assistance in
 - Part D covered drugs
 - Co-pay assistance
 - Premium assistance for higher cost plans



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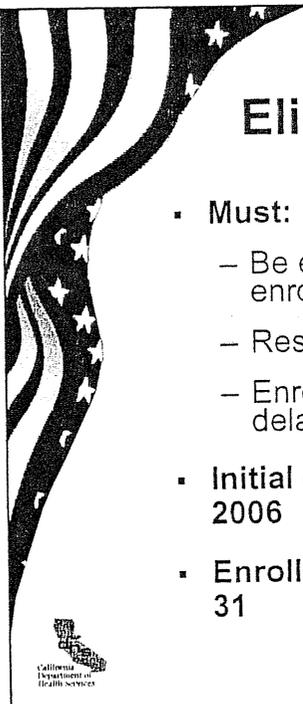




Eligibility and Enrollment

California Department of Health Services

Slide -37



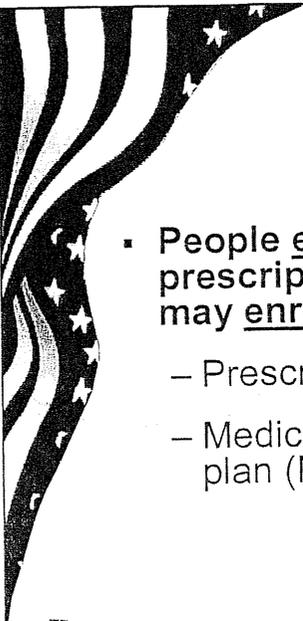
Eligibility and Enrollment

- **Must:**
 - Be entitled to Medicare Part A and/or enrolled in Part B
 - Reside in plan’s service area
 - Enroll in Part D, (will pay higher premium for delay in enrollment)
- **Initial enrollment: Nov 15, 2005 – May 15, 2006**
- **Enrollment 2006 and beyond: Nov 15 – Dec 31**

California Department of Health Services

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Enrollment Options

- People eligible for Medicare prescription drug coverage (Part D) may enroll in a
 - Prescription Drug Plan (PDP) or
 - Medicare Advantage Prescription Drug plan (MA-PD plan)



Slide -39



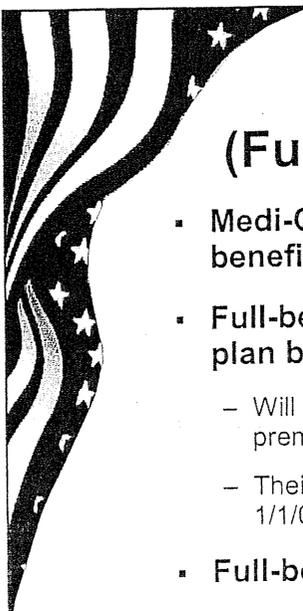
Self-Service Web Application

- Two phases to be released on www.medicare.gov:
 - April 2005: Medicare Prescription Drug Benefit/Subsidy Eligibility Information Tool
 - October 2005: Medicare Prescription Drug Plan Finder Tool



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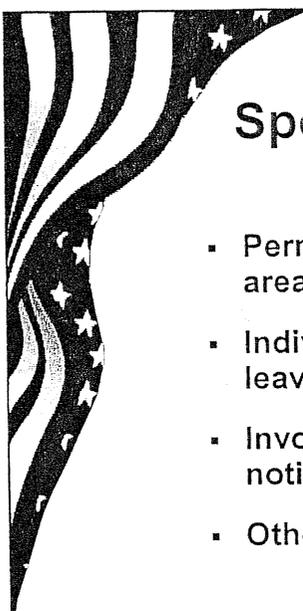


Auto-Enrollment (Full Benefit Dual Eligibles)

- Medi-Cal prescription drug coverage for full-benefit dual eligibles ends 12/31/05
- Full-benefit dual eligibles who do not enroll in a plan by 12/31/05
 - Will be enrolled in a prescription drug plan with a premium covered by the low-income premium assistance
 - Their Medicare prescription drug coverage will begin 1/1/06
- Full-benefit dual eligibles have a SEP
 - Can change plans any time



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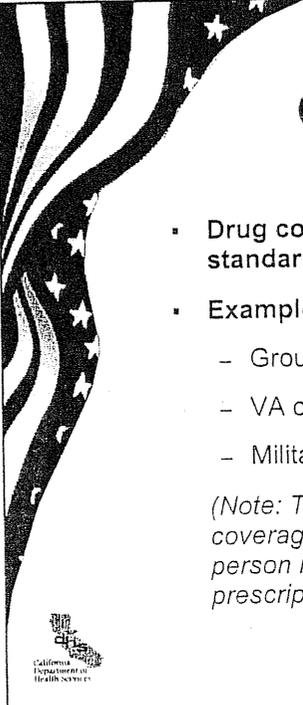
Special Enrollment Period

- Permanent move out of the plan service area
- Individual entering, residing in, or leaving a long-term care facility
- Involuntary loss, reduction, or non-notification of creditable coverage
- Other exceptional circumstances



Slide -42





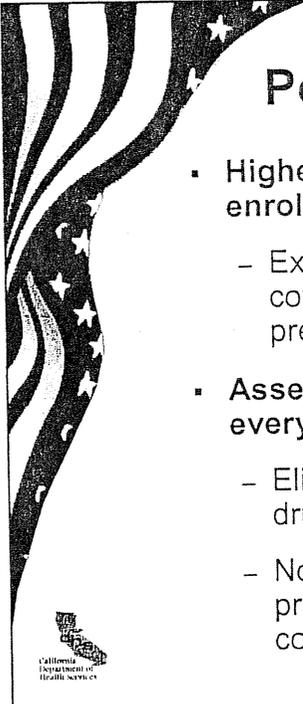
Creditable Coverage

- Drug coverage that is at least as good as the standard Medicare drug coverage
- Examples:
 - Group Health Plan (GHP)
 - VA coverage
 - Military coverage including TRICARE

(Note: The source of the individual's current drug coverage is required to send a notice telling the person if it is at least as good as Medicare prescription drug coverage)



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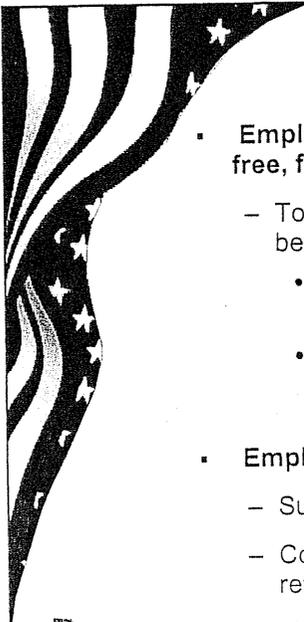
Postponing Enrollment

- Higher premiums for people who wait to enroll
 - Exception for those with prescription drug coverage at least as good as a Medicare prescription drug plan (creditable coverage)
- Assessed at least 1% of base premium for every month delay
 - Eligible to enroll in a Medicare prescription drug plan but not enrolled
 - No drug coverage as good as a Medicare prescription drug coverage for 63 consecutive days or longer



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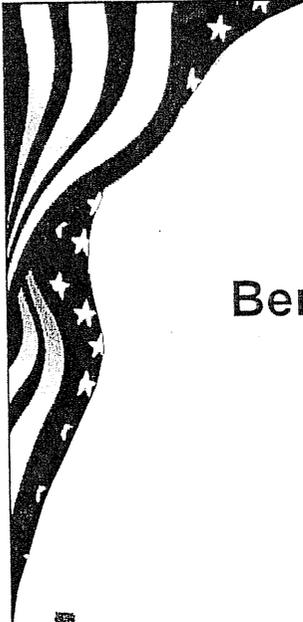


Retiree Plans

- Employers* can receive 28% federal subsidy, tax free, for enrollees NOT enrolled in Part D
 - To offset their costs for Rx benefits as good as, or better than Medicare's
 - Retirees can delay enrollment in Part D without penalty
 - Employers must notify retirees by September 2005

- Employer options *without* subsidy
 - Supplement basic Medicare benefit
 - Contract with PDP or MA-PD for Medicare and retiree benefits
 - Contract with Medicare as a PDP

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*Including CalPERS, although no tax benefit applies



Beneficiary Cost-sharing



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Example of "Standard" Prescription Drug Coverage

- Generally less than \$37 monthly premium
 - is *in addition* to their Part B premium (approx. \$66 per month)
- \$250 deductible
- Coinsurance of 25% of drug costs from \$250 to \$2,250
 - Medicare pays 75%
- 100% of drug costs from \$2,250 to \$5,100
- After \$3,600 in out-of-pocket costs, Medicare pays approximately 95%



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2006 Standard Benefit

\$37 monthly premium then

Benefit Stages	Coverage Ranges		% Covered by Benefit	TrOOP
	From:	To:		
Annual Deductible	\$0	\$250	0%	(\$250)
Initial Coverage	\$250.01	\$2,250	75%	(\$500)
Coverage Gap	\$2,250.01	\$5,100 ¹	0%	(\$2,850)
Catastrophic Coverage	\$5,100.01	No Maximum	95% ²	(\$3,600)

¹ Catastrophic coverage begins when the beneficiary satisfies the \$3,600 TrOOP requirement.

² Medicare is liable for 80% and the PDP is liable for 15%



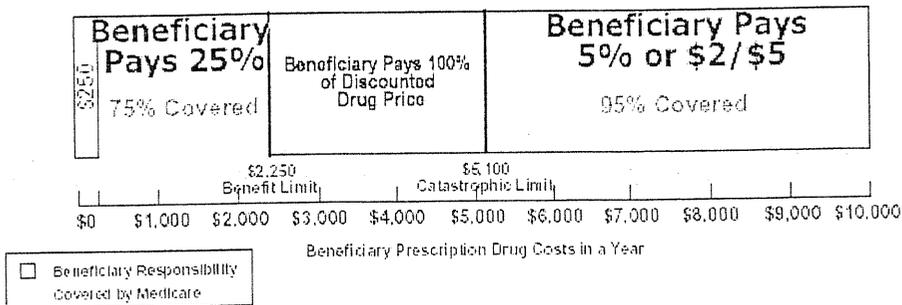
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Basic Drug Coverage

Enrollees Above 150% FPL

(In 2006, above \$14,505/\$19,577 single/couple):



Prepared by Senate Finance Committee

“Extra Help” for People with Low Incomes: Subsidy Categories

- Must be Part D eligible
- Some groups are automatically eligible (deemed)
- Income < 150% of FPL for family size
- Resources not exceeding \$11,500 (\$23,000 for married couples)
- Apply at local Social Security office, Internet applications, mailings, community partners



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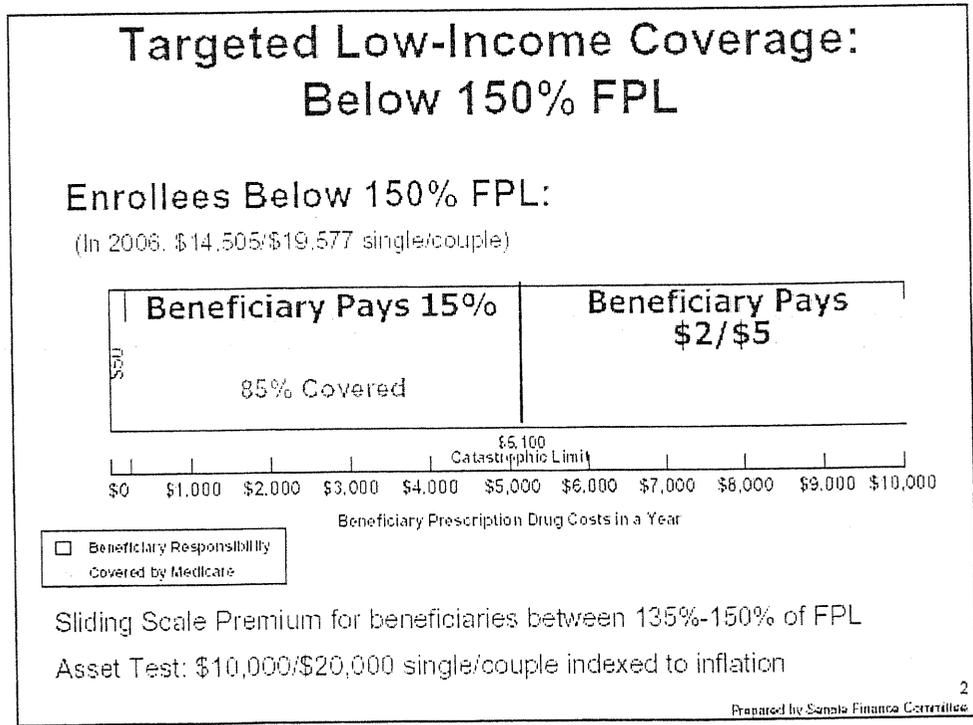


Extra Help

	Group 1 (<100% FPL)	Group 2 (100-135% FPL)	Group 3 (135-150% FPL)
Premium \$37/month	\$0	\$0	Sliding scale based on income
Deductible \$250/year	\$0	\$0	\$50
Coinsurance up to \$3,600 out of pocket	\$1/\$3 copay	\$2/\$5 copay	15% coinsurance
Catastrophic 5% or \$2/\$5 copay	\$0	\$0	\$2/\$5 copay

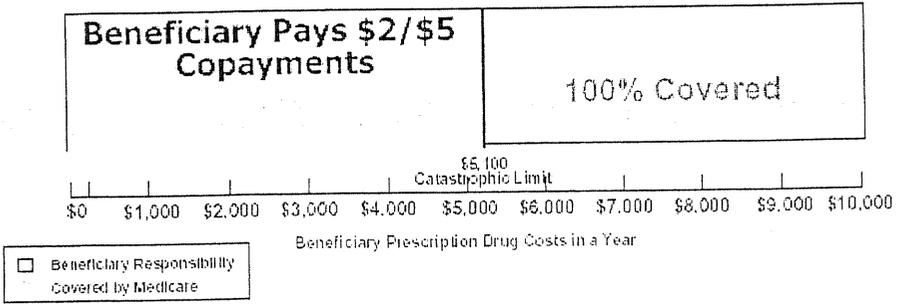
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Targeted Low-Income Coverage: Below 135% FPL

Enrollees Below 135% FPL:
(In 2006, \$13,054/\$17,619 single/couple)

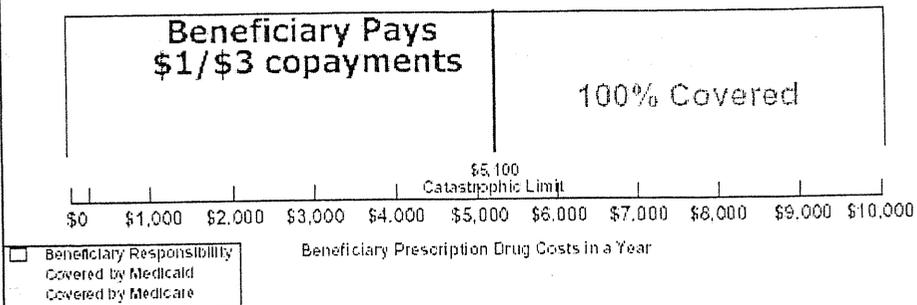


Asset Test: \$6,000/\$9,000 single/couple indexed to inflation

3
Prepared by Senate Finance Committee

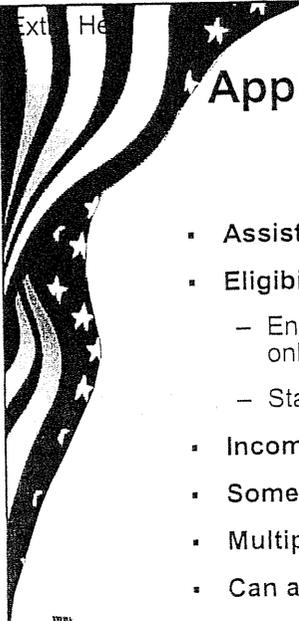
Targeted Low Income Coverage: Those Below 100% FPL

Duals Eligibles Below 100% FPL:
(In 2006, \$9,670/\$13,051 single/couple)



- Copayment are indexed to the Consumer Price Index
- No Cost-Sharing for Duals in Nursing Facilities receiving a personal needs allowance

4
Prepared by Senate Finance Committee

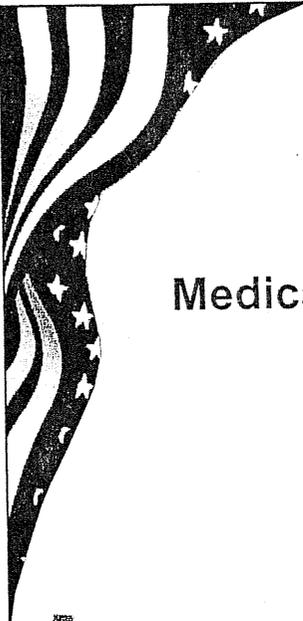


Apply for Extra Help Using SSA Application

- Assistance with premium and cost sharing
- Eligibility determined by SSA
 - Encouraged to use SSA application (hard copy or online)
 - States can assist in completing SSA application
- Income and resources are counted
- Some groups are “deemed” eligible
- Multiple ways to apply
- Can apply as early as May 2005



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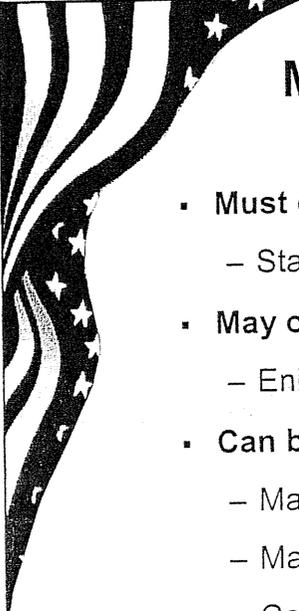


Medicare Prescription Drug Plans (PDPs and MA-PDs)



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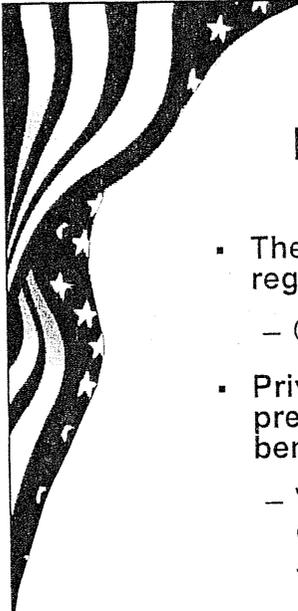


Medicare Prescription Drug Plans

- **Must offer basic drug coverage**
 - Standard benefit
- **May offer supplemental benefits**
 - Enhanced benefit
- **Can be flexible in benefit design**
 - May look different than standard benefit
 - May have different co-pay or co-insurance
 - Cannot change actuarial equivalence



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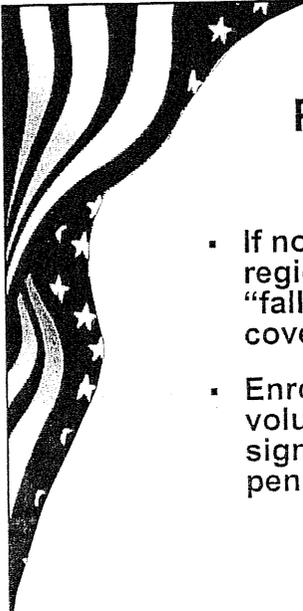
Medicare Prescription Drug Plans

- **The government has established regions across the country**
 - CA is its own PDP and MA region
- **Private insurers will bid to provide prescription-drug coverage to Medicare beneficiaries**
 - Via a drug-only plan (PDP) or a comprehensive health plan (Medicare Advantage-MA-PD)



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Medicare Prescription Drug Plans

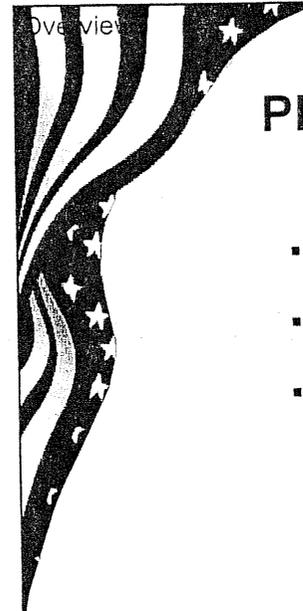
- If no private plans bid to serve a region, then a government-sponsored “fallback” plan would provide coverage in that area.
- Enrollment in coverage will be voluntary, but beneficiaries who don't sign up in the first year will pay a penalty if they enroll later.



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Overview



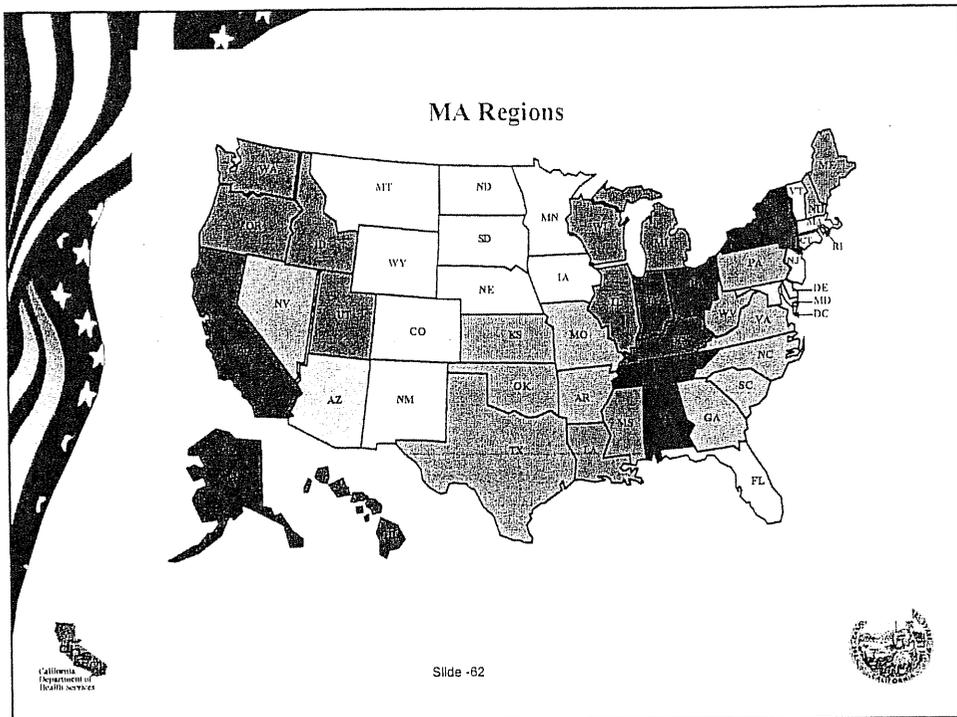
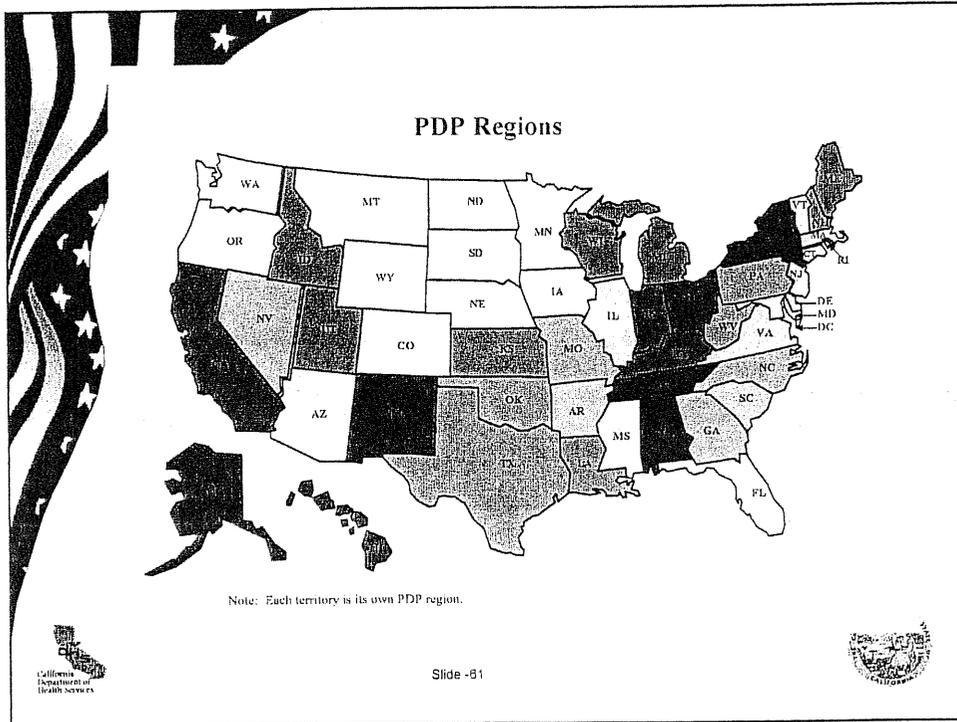
PDP and MA-PD Regions

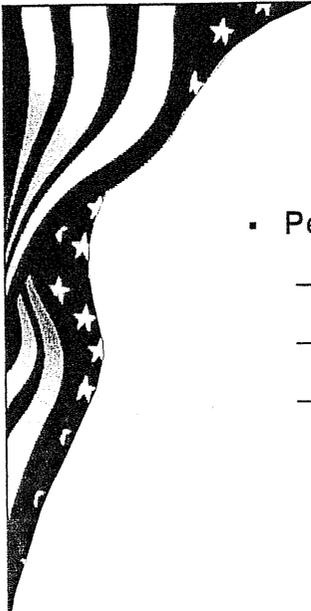
- 34 PDP regions
- 26 MA-PD regions
- California is its own region (PDP and MA-PD)



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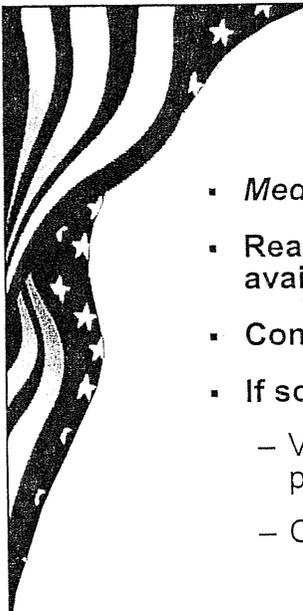


Enrolling in a Plan

- **People with Medicare can enroll**
 - Directly with the plan sponsor
 - Through a personal representative
 - By enlisting the assistance of others
 - Spouse, relative, friend, caregiver, or advocacy group volunteer



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Enrolling in a Plan

- *Medicare & You 2006* handbook
- Read about the prescription drug plans available in the area
- Contact the plan to enroll
- If someone needs help choosing a plan
 - Visit www.medicare.gov and get personalized information
 - Call 1-800-MEDICARE
 - TTY users should call 1-877-486-2048



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How the Extra Help Works

- CMS notifies PDP or MA-PD of member's eligibility
- PDP or MA-PD
 - Reduces member's premium and cost sharing
 - Tracks amounts applied to out-of-pocket threshold
 - Reimburses any amount paid in excess



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True-Out-Of-Pocket-Expenses (TrOOP)

- TrOOP is the amount a beneficiary must spend on Part D-covered drugs to reach catastrophic coverage. It is based on the standard benefit design:
 - \$250 deductible
 - + \$500 beneficiary coinsurance during initial coverage
 - + \$2,850 coverage gap
 - = \$3,600
- Catastrophic coverage begins after the beneficiary has paid \$3,600 in TrOOP costs



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Out-of-Pocket Threshold

- The amount of money to reach catastrophic coverage
- Consists of
 - Deductible - **\$250** in 2006
 - 25% coinsurance - **\$500** in 2006
 - 100% between \$2,250 and \$5,100 - **\$2,850** in 2006
- Medicare prescription drug plan premium is not part of out-of-pocket threshold



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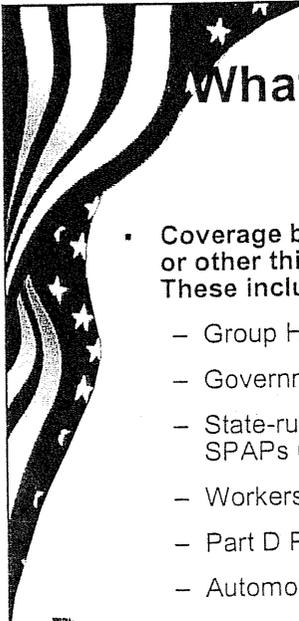
What Payments Count Towards TrOOP?

- In addition to the beneficiary, payments counting towards TrOOP may be made by:
 - Another individual (e.g., a family member or friend)
 - A State Pharmaceutical Assistance Program (SPAP) as defined under §1860D-23
 - A bona fide charity, or
 - A Personal Health Savings Vehicle (Flexible Spending Account, Health Savings Accounts, and Medical Savings Accounts)



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What Payments Do Not Count Towards TrOOP?

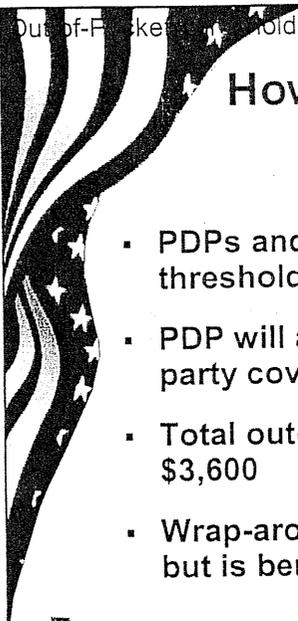
- Coverage by “insurance or otherwise, a group health plan or other third party” payer does not count towards TrOOP. These include:
 - Group Health Plans (e.g., employer/retiree plans)
 - Government programs (TRICARE, the V.A., etc.)
 - State-run programs that do not meet the definition of SPAPs under §1860D-23
 - Workers' Compensation
 - Part D Plans' supplemental or enhanced benefits
 - Automobile/No-Fault/Liability



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Out-of-Pocket Threshold



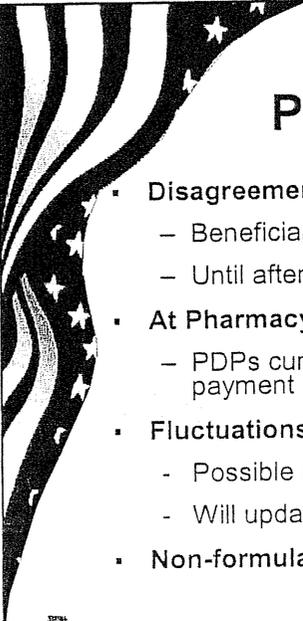
How Out-of-Pocket Threshold Works

- PDPs and MA-PDs will calculate out-of-pocket threshold
- PDP will ask person with Medicare what third party coverage he/she has
- Total out-of-pocket threshold for 2006 is \$3,600
- Wrap-around drug coverage doesn't count but is beneficial



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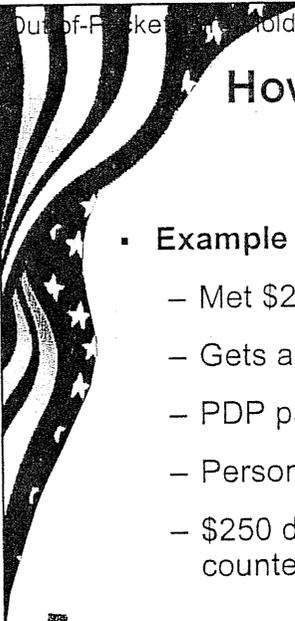


Pharmacist and TrOOP

- **Disagreement of TrOOP at Pharmacy?**
 - Beneficiary must either pay or decline purchase
 - Until after the dispute with PDP and patient resolved
- **At Pharmacy**
 - PDPs current information will always be basis for payment
- **Fluctuations in TrOOP**
 - Possible due to failure to pick up Rx or corrected Rx
 - Will update as Rx data is entered
- **Non-formulary products do not count towards TrOOP**



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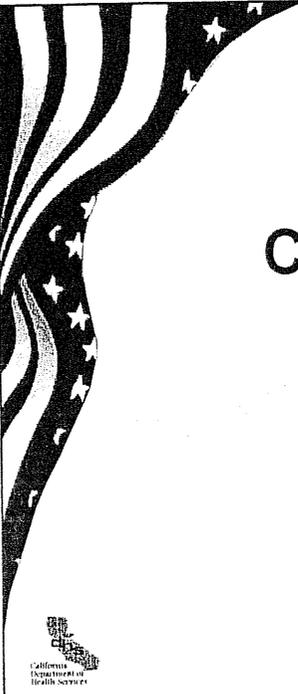
How Out-of-Pocket Threshold Works

- **Example under standard benefit**
 - Met \$250 deductible
 - Gets a prescription for \$100
 - PDP pays \$75
 - Person with Medicare pays \$25
 - \$250 deductible and \$25 co-insurance are counted toward out-of-pocket threshold



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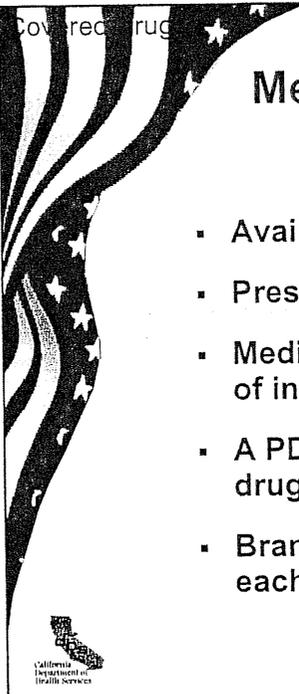




Covered Drugs & Formularies

California
Department of
Health Services

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Medicare Prescription Drug Coverage

- Available only by prescription
- Prescription drugs, biologicals, insulin
- Medical supplies associated with injection of insulin
- A PDP or MA-PD is not required to cover all drugs
- Brand name and generic drugs will be in each formulary

California
Department of
Health Services

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Covered drug

Excluded Drugs

- Drugs for
 - Anorexia, weight loss, or weight gain
 - Fertility
 - Cosmetic purposes or hair growth
 - Symptomatic relief of cough and colds
- Prescription vitamins and mineral products
 - Except prenatal vitamins and fluoride preparations
- Non-prescription drugs
- Barbiturates
- Benzodiazepines



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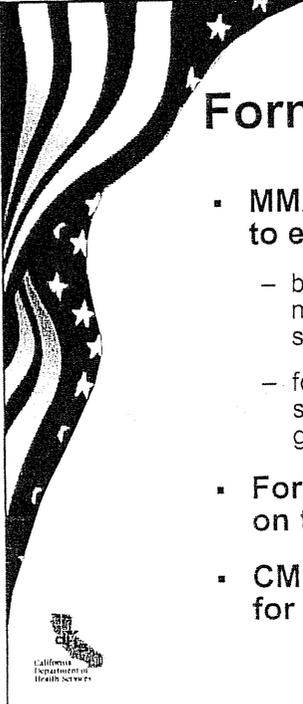
Medicaid

- Medicaid *may* still cover drugs not covered by PDP
 - California' FY 05-06 (not yet approved) budget includes funding to cover the drugs that are excluded from Part D, but are currently covered by Medi-Cal.
- Medicaid *may* choose to wrap around Part D (without FFP)
 - California does not plan to do this.



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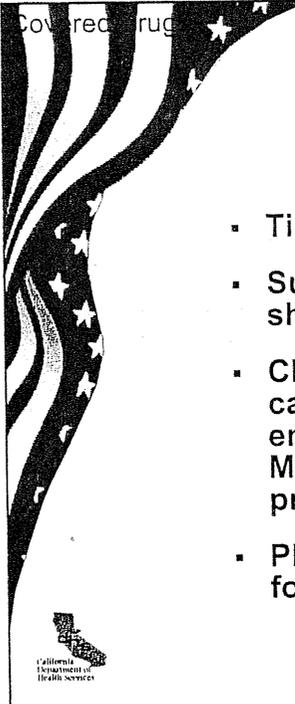


Formulary Review: Rationale

- MMA requires CMS to review formularies to ensure
 - beneficiaries have access to a broad range of medically appropriate drugs to treat all disease states, and
 - formulary design does not discriminate or substantially discourage enrollment of certain groups
- Formulary review requirements are posted on the cms.hhs.gov/pdps website
- CMS will approve formularies in advance for plans to complete their bid



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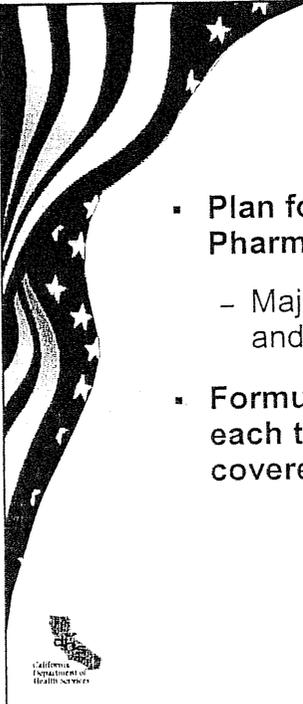
Tiered Formularies – *Preferred Drug Levels*

- Tier 1 is lowest cost sharing
- Subsequent tiers have higher cost sharing in ascending order
- CMS will review to identify drug categories that may discourage enrollment of certain people with Medicare by placing drugs in non-preferred tiers
- Plan must have exceptions procedures for tiered formularies



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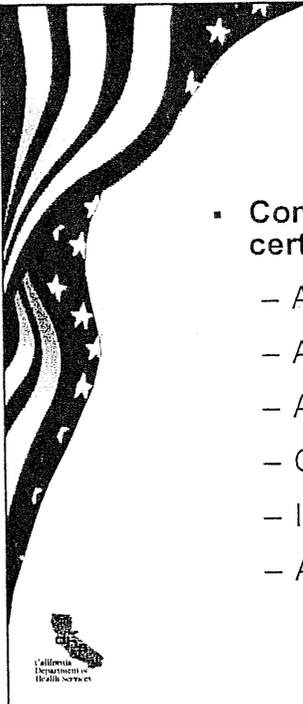


Formulary Review

- **Plan formulary must be developed by a Pharmacy and Therapeutics Committee**
 - Majority of members will be physicians and practicing pharmacists
- **Formulary must include at least 2 drugs in each therapeutic category and class of covered Part D drugs**



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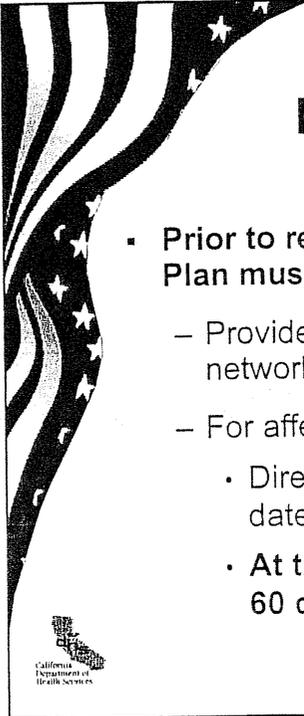
Formularies

- **Comprehensive coverage required in certain categories:**
 - Antipsychotics
 - Anticonvulsants
 - Antidepressants
 - Chemotherapy
 - Immunosuppressants
 - Antiretrovirals



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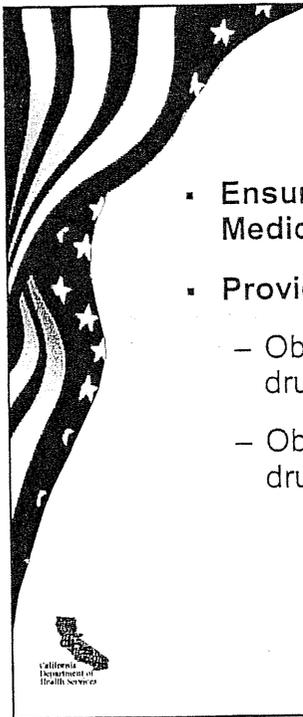


Provision of Notice Regarding Formulary Changes

- Prior to removing/changing drug from formulary Plan must:
 - Provide 60 days notice to CMS, prescribers, network pharmacies, and pharmacists
 - For affected enrollees, must provide either:
 - Direct written notice at least 60 days prior to date the change becomes effective, or
 - At the time a refill is requested, provide a 60 day supply of drug and written notice



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Exceptions Process

- Ensures access to medically necessary Medicare covered prescription drugs
- Provides process for enrollee to
 - Obtain a covered Medicare prescription drug at a more favorable cost-sharing level
 - Obtain a covered Medicare prescription drug not on the formulary



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Exception Requests

- Enrollees may request an exception if
 - The enrollee is using a drug that has been removed from the formulary
 - A non-formulary drug is prescribed and is medically necessary
 - The cost-sharing status of a drug an enrollee is using changes
 - A drug covered under a more expensive cost-sharing tier is prescribed because the drug covered under the less expensive cost-sharing tier is medically inappropriate



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Exception Procedures

- **Adjudication timeframes:** A plan must notify an enrollee of its determination no later than 24 or 72 hours as appropriate
- Generally, plans are prohibited from requiring additional exceptions requests for refills and from creating a special formulary tier or other cost-sharing requirement applicable only to Medicare covered prescription drugs approved under the exceptions process



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5-Level Appeals Process

- Redetermination by plan sponsor
- Reconsideration by Independent Review Entity
- Review by Administrative Law Judge
- Review by Medicare Appeals Council
- Review by Federal District Court



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Formulary Issues at Pharmacy Counter

- Not a coverage determination
- General notice provided to enrollees at pharmacy (posted or hand out)
- Enrollees must contact plans to request coverage determinations



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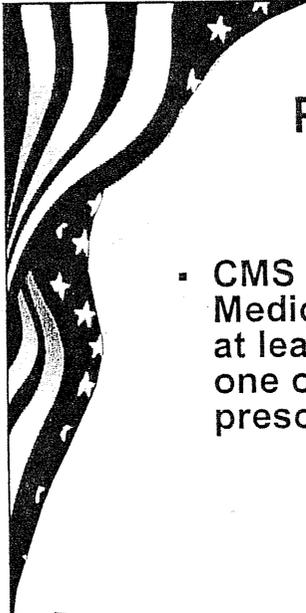




Other Pharmacy-Specific Topics



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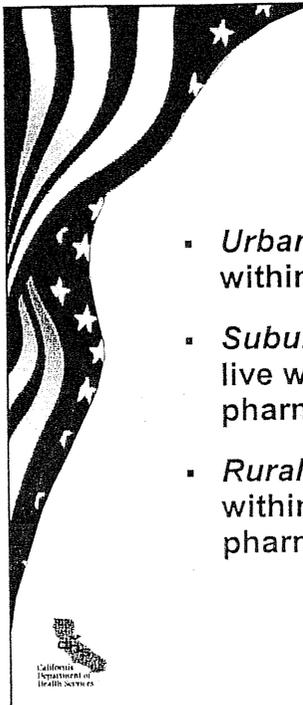
PHARMACY ACCESS

- CMS required to assure every Medicare beneficiary has a choice of at least 2 prescription drug plans, one of which must be a stand-alone prescription drug plan (PDP).



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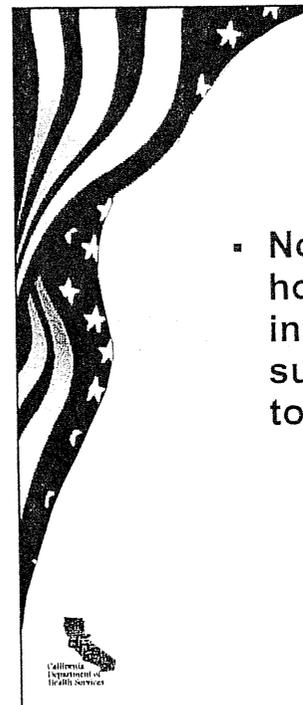


Access Standards – Retail Pharmacies

- *Urban areas:* 90% of enrollees must live within 2 miles of a participating pharmacy
- *Suburban areas:* 90% of enrollees must live within 5 miles of a participating pharmacy
- *Rural areas:* 70% of enrollees must live within 15 miles of a participating pharmacy



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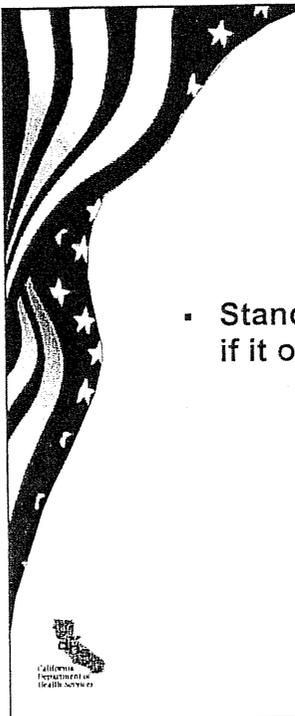
Access Standards – Retail Pharmacies

- Non-retail pharmacies offering home delivery via mail order and institutional pharmacies may supplement, but cannot be used to meet, retail access standards.



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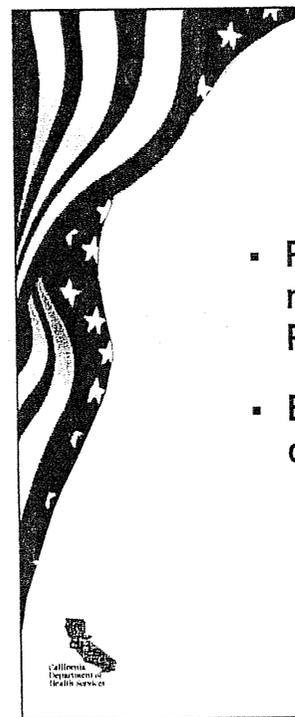


Access Standards – Retail Pharmacies

- Standard is waived for MA-PD or cost plan if it owns or operates its own pharmacies.



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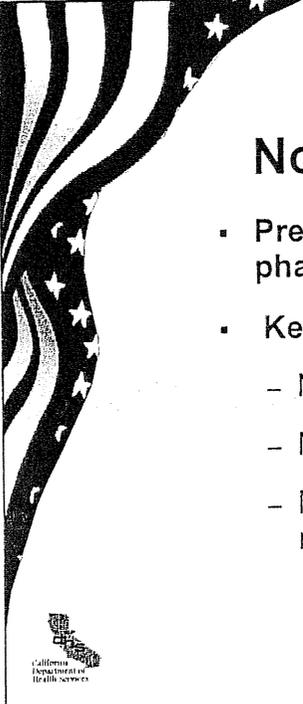
Level Playing Field Requirements

- Plans must allow enrollees to receive 90-day supply of covered Part D drugs at retail pharmacy
- Enrollee is responsible for any difference in charge



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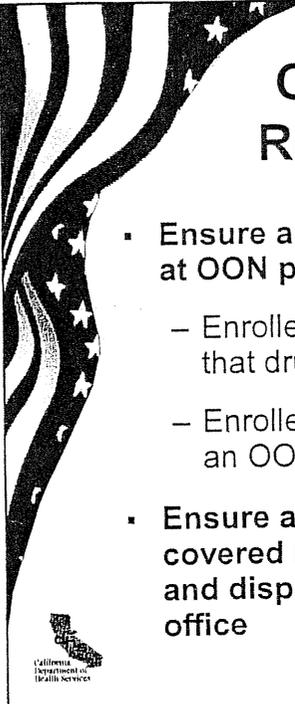


Preferred vs Non-preferred pharmacy

- Preferred pharmacy – PDPs network pharmacy offering lower cost sharing
- Key concepts for PDP overall network
 - No geographical discrimination
 - No price discrimination
 - Maintain actuarial equivalence in network



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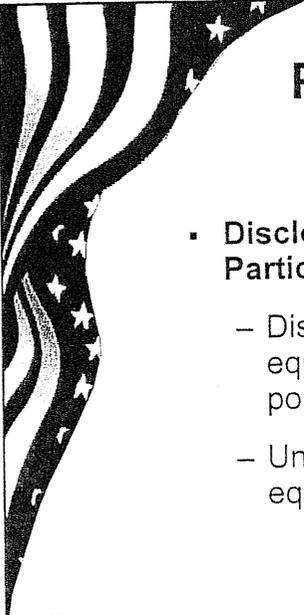
Out-of-Network Access Requirements (§423.124)

- Ensure adequate access to covered Part D drugs at OON pharmacies when:
 - Enrollee cannot reasonably be expected to obtain that drug at a network pharmacy
 - Enrollee does not access covered Part D drugs at an OON pharmacy on a routine basis
- Ensure adequate access to vaccines & other covered Part D drugs appropriately administered and dispensed by a physician in a physician's office



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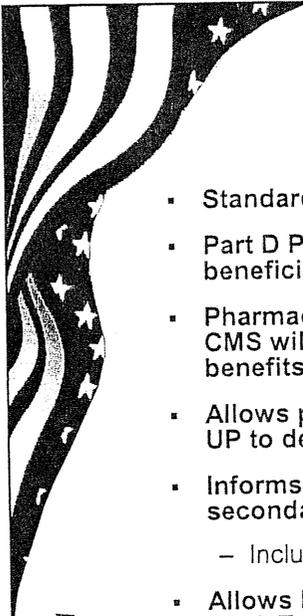


Pharmacy Disclosure Requirement

- Disclosure of price for equivalents - Participating network pharmacies **MUST**:
 - Disclose the lowest priced generic equivalent available at that pharmacy at point of sale
 - Unless it **IS** the lowest priced generic equivalent



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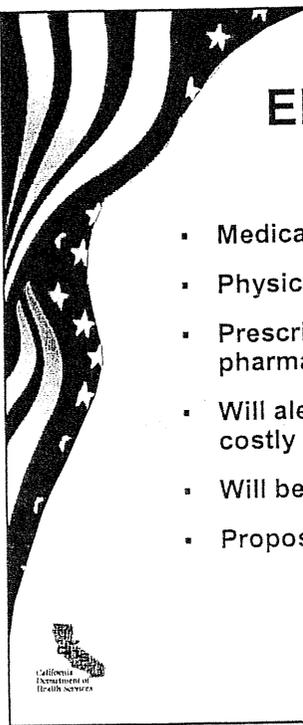
Medicare Benefit Claims Processing

- Standard Benefit Card
- Part D Plans are required to track TrOOP costs for beneficiaries enrolled in their plan
- Pharmacies, Part D Plans, Insurers, Employers, and CMS will work together electronically to coordinate benefits
- Allows pharmacist to perform a beneficiary LOOK UP to determine insurance coverage
- Informs the pharmacy in real time of primary and secondary payers
 - Including information to process claim
- Allows PDP the best possible chance to accurately track TrOOP costs



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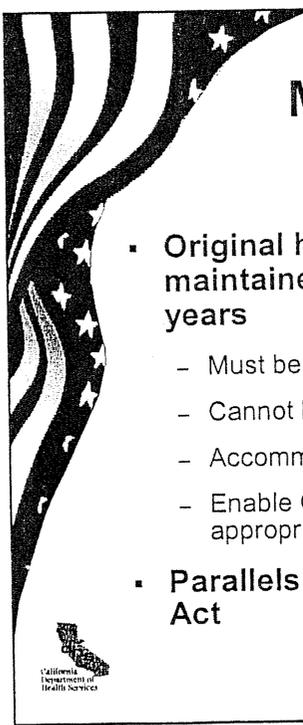


Electronic Prescribing

- Medication errors reduced
- Physician and Pharmacist efficiencies realized
- Prescription automatically transmitted to pharmacy via NCPDP SCRIPT standard
- Will alert to adverse drug interactions and less costly alternatives
- Will be voluntary for doctors
- Proposed Rule 2/04/05 and pilot in 2006



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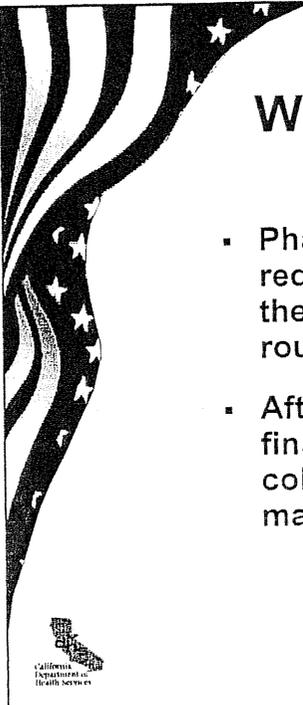
Medicare Prescription Record-keeping

- Original hard copy prescriptions must be maintained by network pharmacies for ten years
 - Must be maintained in original format
 - Cannot be electronically scanned and filed
 - Accommodate periodic auditing of financial records
 - Enable CMS to inspect/evaluate the quality, appropriateness and timeliness of services
- Parallels statute of limitations on False Claims Act



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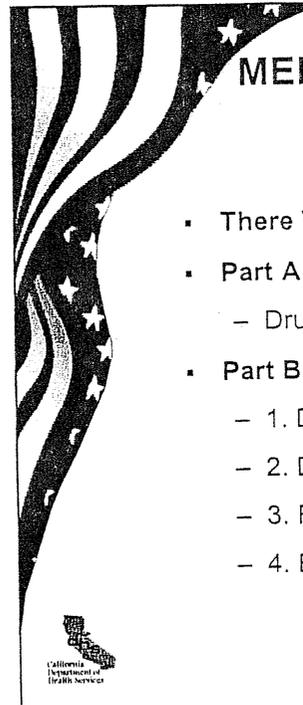


Waiving of Co-Payments

- Pharmacies are permitted to waive or reduce cost-sharing amounts provided they do so in an unadvertised, non-routine manner
- After determining beneficiary is financially needy or after failing to collect the cost-sharing portion co-pay may be waived



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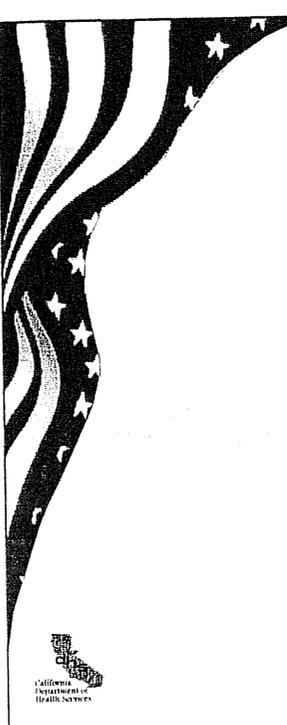
MEDICARE PART B VERSUS PART D COVERAGE ISSUES

- There WILL still be Part A and Part B drugs
- Part A drugs are:
 - Drugs bundled together with hospital payment
- Part B drugs are:
 - 1. Drugs delivered “incident to MD service”
 - 2. Drugs delivered via medical equipment
 - 3. Few outpatient Chemo and immunosuppressants
 - 4. ESRD drugs (ie EPO)



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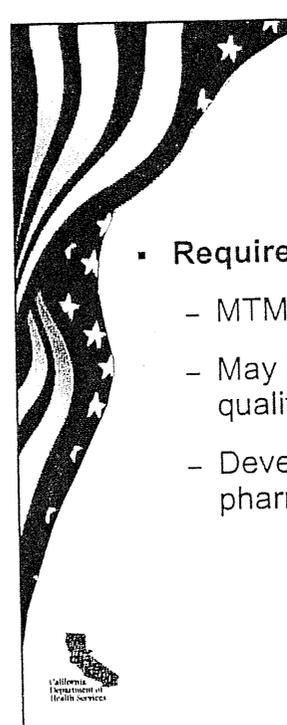




Medication Therapy Management



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Medication Therapy Management

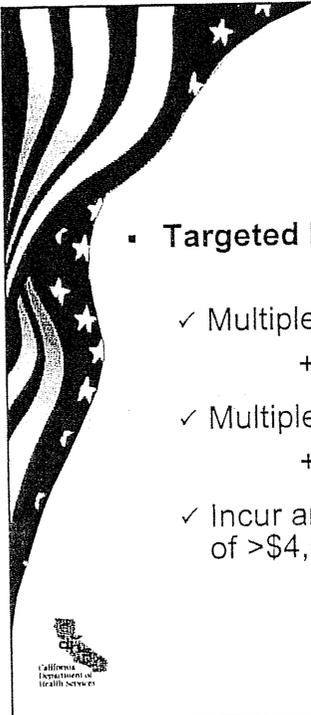
- **Requirements:**

- MTM program for targeted beneficiaries
- May be furnished by a pharmacist or other qualified provider
- Developed in cooperation with licensed, practicing pharmacists and physicians



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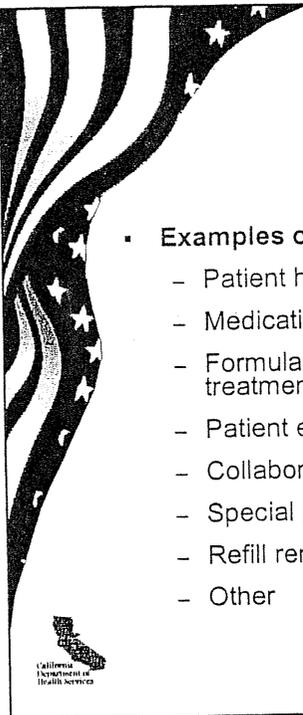
Medication Therapy Management

- Targeted beneficiaries:

- ✓ Multiple diseases
 - +
- ✓ Multiple drugs
 - +
- ✓ Incur annual costs that exceed a cost threshold of >\$4,000 (likely to incur)



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Medication Therapy Management

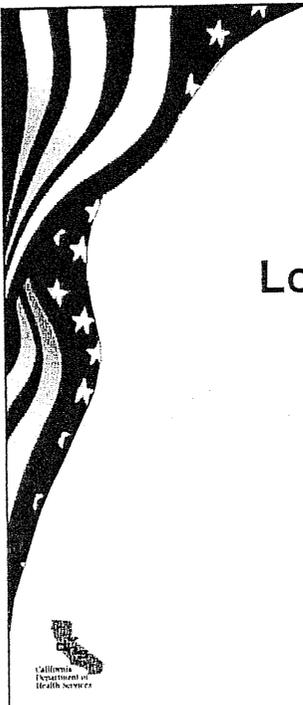
- Examples of MTM Services

- Patient health status assessments
- Medication "brown bag" reviews
- Formulating/monitoring/adjusting prescription drug treatment plans
- Patient education and training
- Collaborative drug therapy management
- Special packaging
- Refill reminders
- Other



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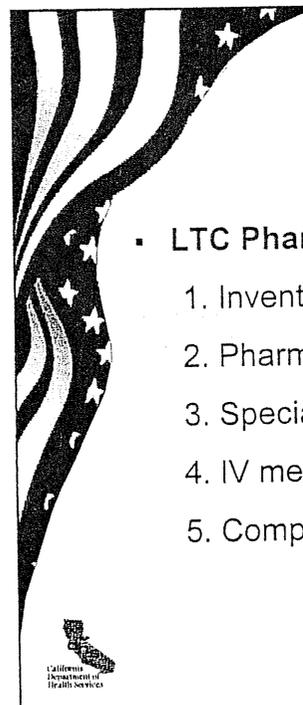




Long Term Care Pharmacy Guidance



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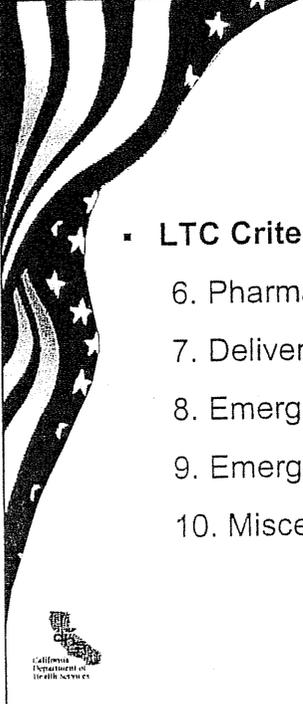
Performance and Service Criteria

- LTC Pharmacies must address:
 1. Inventory & inventory capacity
 2. Pharmacy operations & prescription orders
 3. Special packaging
 4. IV med's
 5. Compounding/alternative forms of drug



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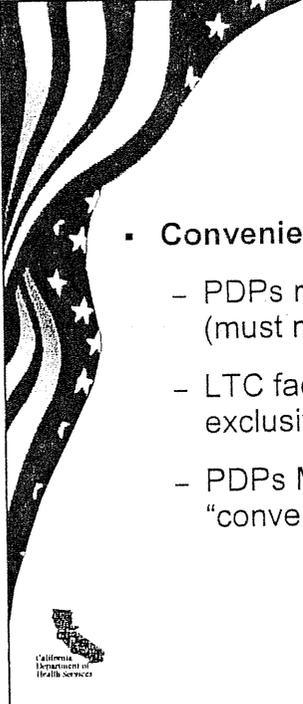
LTC Guidance

- **LTC Criteria Continued:**

6. Pharmacist on call service
7. Delivery Service
8. Emergency Boxes
9. Emergency Log Books
10. Miscellaneous Reports



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LTC Guidance

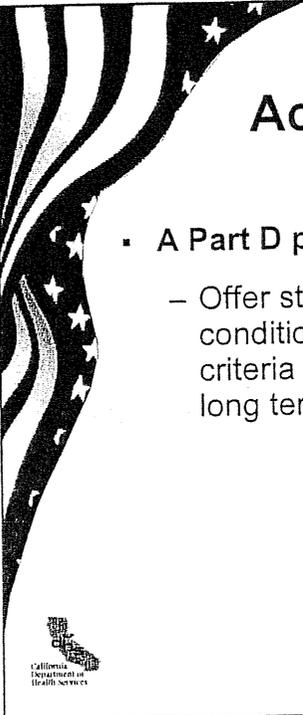
- **Convenient Access**

- PDPs required to accept any willing pharmacy (must meet performance requirements)
- LTC facility can continue to contract exclusively if chooses
- PDPs **MUST** demonstrate a network of “convenient” access



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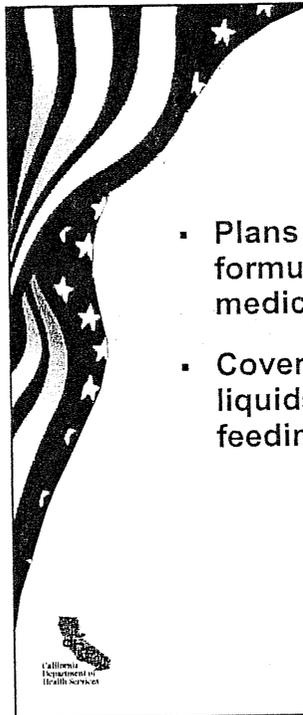


Access-LTC Pharmacies

- A Part D plan must:
 - Offer standard contracting terms and conditions, including performance and service criteria for long term care pharmacies, to all long term care pharmacies in its service area.



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LTC Formulary

- Plans must accommodate within a single formulary all medically necessary medications at all levels of care
- Coverage may include, but is not limited to, liquids that can be administered through feeding tubes, IV, or IM injections



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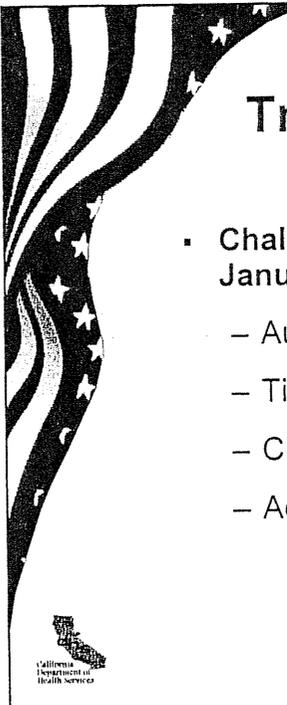




Transition Information



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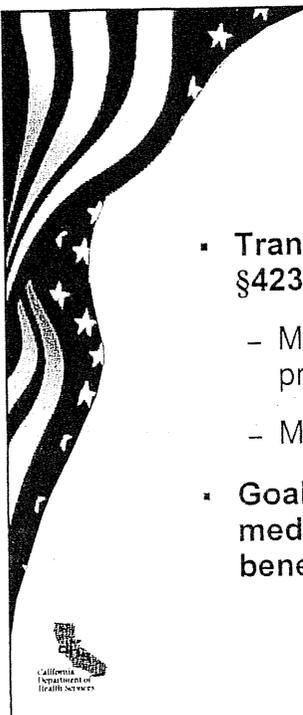
Transitioning to Part D....

- Challenges in enrolling Dual Eligibles on January 1, 2006
 - Auto-Enrollment
 - Timeframes
 - Changing Drug Coverage
 - Access



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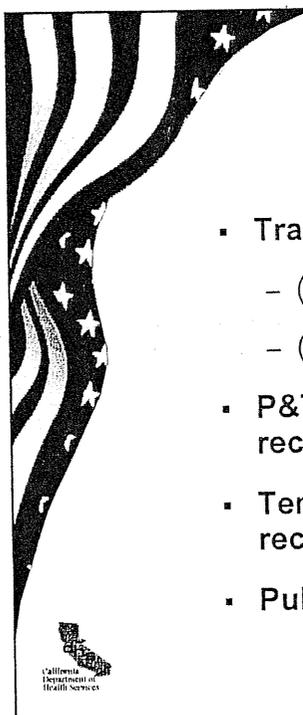


Transition Process

- **Transition process required by PDPs §423.100(b)(3)**
 - Must provide “appropriate transition process”
 - **MUST** meet policy CMS Guidelines
- **Goal: Ensure beneficiaries receive medications at lowest cost and meet beneficiary needs**



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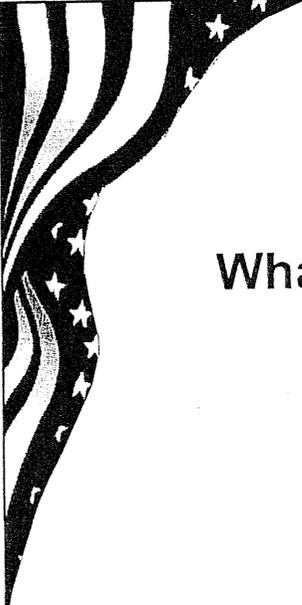
Transition Guidance

- **Transition for**
 - (1) initial transfer to The Benefit
 - (2) between PDPs
- **P&T committee expected to review & recommend PDP transition process**
- **Temporary one time supply fills recommended**
- **Public Notice of Transition Process**



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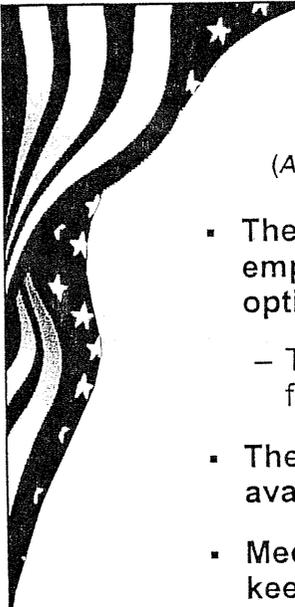


What People with Medicare Need to Know

California
Department of
Health Services



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What People With Medicare Need to Know

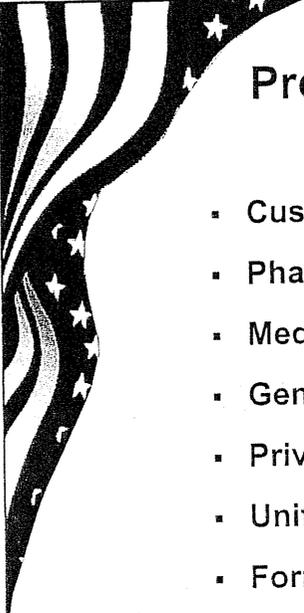
(About Their Current Employment-Related Coverage)

- They will get a information from employer/union telling them about their options
 - They can contact their benefits administrator for more information
- They should compare their current plan to available Medicare drug plans
- Medicare is working with employers to help keep the coverage people with Medicare have through a current or former employer.

California
Department of
Health Services



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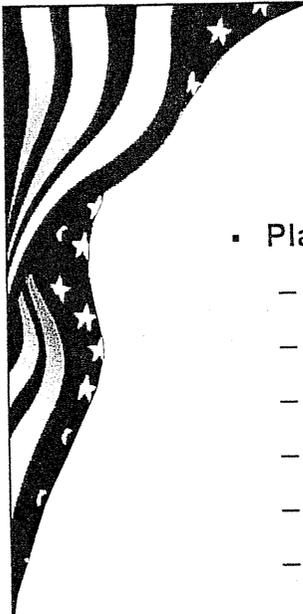


Protections for People With Medicare

- Customer service
- Pharmacy access
- Medication therapy management
- Generic drug information
- Privacy
- Uniform benefits and premiums
- Formulary protections



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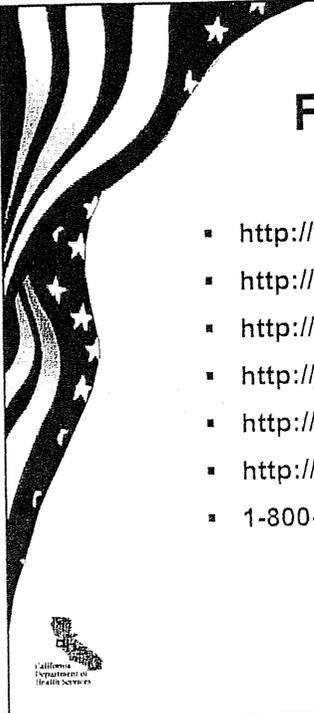
Plan Information Dissemination

- Plans must provide information about
 - Service areas
 - Benefits
 - Cost sharing
 - Formulary
 - Pharmacy access
 - Other aspects of coverage available through the plan



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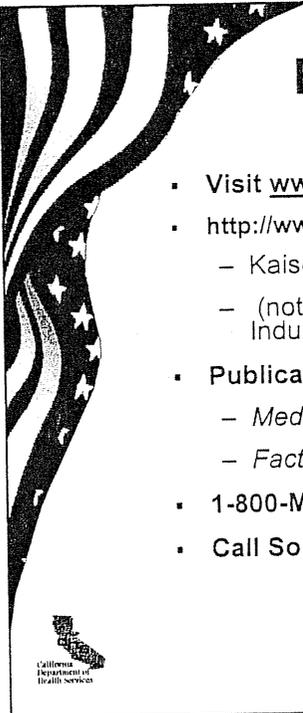


For more information

- <http://www.cms.hhs.gov.medicarereform>
- <http://www.cms.hhs.gov.medicarereform/pdbma>
- <http://www.cms.hhs.gov.medicarereform/pharmacy>
- <http://www.medicare.gov>
- <http://www.cms.hhs.gov/providers>
- <http://ssa.gov>
- 1-800-Medicare



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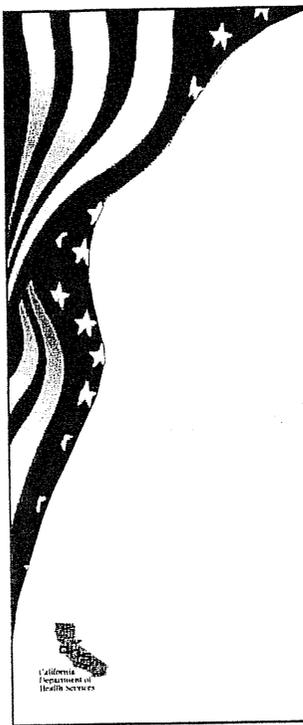
For More Information (continued)

- Visit www.socialsecurity.gov
- <http://www.kff.org>
 - Kaiser Family Foundation website
 - (not associated with Kaiser Permanente or Kaiser Industries)
- Publications such as:
 - *Medicare & You* handbook
 - *Facts About Medicare Prescription Drug Plans*
- 1-800-MEDICARE
- Call Social Security at 1-800-772-1213



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Questions?



California
Department of
Health Services

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**Strategic Plan Status Report
Fourth Quarter 2004-05
Communication and Public Education Committee**

<p>Goal: 4: Provide relevant information to consumers and licensees. Outcome: Improved consumer awareness and licensee knowledge.</p>
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Objective 4.1:	Develop 10 communication venues to the public by June 30, 2006.
Measure:	Number of communication venues developed to the public
Tasks:	<ol style="list-style-type: none"> 1. Convert <i>Health Notes</i> articles into consumer columns or fact sheets for wide dissemination to the public. 2. Develop and update public education materials. <ul style="list-style-type: none"> <i>August 2003: Board finalizes purchasing drugs from Canada brochure and revises discount drugs available to Medicare beneficiaries.</i> <i>October 2003: Emergency Contraception fact sheet has suggested revisions to reflect new treatment guidelines. Four brochures targeted for translation into Spanish (Emergency Contraception, Purchasing Drugs for Less, Purchasing drugs from foreign countries and discount drug prices available to Medicare Beneficiaries) Board approves revised fact sheet at October Board Meeting</i> <i>February 2004: Nine translations of the Emergency Contraception fact sheet are place on board Web site.</i> <i>April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online. Board to consider project with UC schools of pharmacy to use interns to develop informational fact sheets for the public.</i> <i>October 2004: Informational fact sheet series that will be developed with UCSF pharmacist interns ready for development of the first three topics</i> <i>January 2005: Three fact sheets developed and distributed: "Generic Drugs," "Cut Your Drug Costs," and "Is Your Medicine in the News?"</i> <i>March 2005: Two additional fact sheets developed and undergoing revisions: "Antibiotics," and "Did You Know, Good Oral Health Means Good Overall Health!"</i> <i>May 2005: Board promotes consumer education materials on generics at all public outreach events and fairs.</i> <i>July 2005: Board receives translations of "Buying Drugs from the Internet" and "How to Reduce Your Drug Costs" in Spanish, Mandarin and Vietnamese. Committee begins development of extensive fact sheet series with UCSF. Within six months, more than 20 fact sheets should be ready.</i> 3. Maintain a vigorous, informative Web site. <ul style="list-style-type: none"> <i>July 2003: Materials for public meetings, including board meetings</i>

	<p>and most committee meetings placed on Web site for downloading by the public.</p> <p>August 2003: New staff person assigned to revamp Web site, who completes Web site development training</p> <p>September 2003: Board completes pilot testing for integration of enforcement information into license verification portion of Web site. The board will add this look-up feature before January 1, 2004.</p> <p>October 2003: SB 361 enacted which will authorize verification of licensure when info is downloaded from the board's Web site.</p> <p>November 2003: Board adds information regarding new exam procedures and requirements to applicants for a pharmacist license</p> <p>December 2003: Enforcement status data undergoes pilot testing before full implementation and activation into license verification section of Web site. Address of records of board licensees added to Web site</p> <p>January 2004: Board updates Pharmacy Law and Index to reflect new laws. New pharmacy technician form placed online</p> <p>February 2004: Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online</p> <p>March 2004: Material explaining new prescribing and dispensing requirements for controlled substances placed online. California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. <u>The Script</u> March 2004 added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.</p> <p>April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online.</p> <p>June 2004: Web site includes information on implementation of new prescribing and dispensing requirements for controlled drugs in California, including a Powerpoint presentation.</p> <p>October 2004: Web site being redesigned to comply with Governor Schwarzenegger's directives for state agencies, this process should be complete by January 1.</p> <p>December 2004: Redesigned Web site activated.</p> <p>January 2005: Three new consumer fact sheets added to Web site. Web link added to FDA materials on antibiotic misuse: "Preserve a Treasure." The board adds its own Pharmacy Law 2005 with updated index to Web site</p> <p>February 2005: the January 2005 issue of <u>The Script</u> added to the Web site.</p> <p>March 2005: Exact text of all changes to Pharmacy Law enacted during 2004 added online in special area due to the large number of new laws enacted. Board disseminates information prepared by the Department of Health Services about drug recall of compounded medication</p>
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	<p><i>that could be contaminated.</i></p> <p><i>July 2005: Work begins on revisions to the board's Web site.</i></p> <p>4. Sponsor "Hot Topics" seminars to the public.</p> <p><i>July 2003: This series, sponsored by UCSF, the Department of Consumer Affairs and the board, concluded in May 2003. All parties are interested in resuming this project if staff are available to coordinate.</i></p> <p><i>The first of consumer fact sheets developed from this series is drafted for board review by the Department of Consumer Affairs.</i></p> <p>5. Evaluate the need for public education for patients who need to request prescription labeling in a language other than English.</p> <p><i>June 2004: committee discusses this topic as a possible fact sheet for the public. Patient literacy and its impact on medication compliance discussed by committee.</i></p> <p><i>April 2005: board staff attend two-day seminar on patient literacy and its impact on developing useful public information on health care topics.</i></p> <p>6. Participate as founding member of the California Health Communication Partnership, to help integrate public information outreach campaigns among diverse health care providers and educators</p> <p><i>July 2004: Board agrees to join this coalition of health care educators</i></p> <p><i>September 2004: Board attends first meeting, the group elects to promote antibiotic misuse materials developed by the FDA</i></p> <p><i>October 2004-January 2005: Board attends four meetings of the partnership.</i></p> <p><i>January 2005: Board publishes "Preserve a Treasure" in <u>The Script</u>. This is the first coordinated project of the partnership. Plans begin for the May campaign on generic drugs.</i></p> <p><i>February –April 2005: Three meetings of the partnership occur where plans for promoting generic medications in May are coordinated. Plans begin for campaign for November where cancer screening for women (mammogram) and men (prostate exams) will occur. Radio public service announcements are prepared.</i></p> <p><i>May 2005: Generics campaign underway to promote these drugs as alternatives to more expensive, brand name drugs. Board and FDA produced materials on generics distributed at public fairs and events during Seniors Month.</i></p> <p><i>Executive officer provides poster presentation at the National Association of Boards of Pharmacy Annual Meeting on the Partnership.</i></p> <p><i>July 2005: focus of future efforts are to promote cancer screening (mammograms for women, prostate tests for men) aimed at the fall and again, generic drugs..</i></p> <p><i>Partnership begins seeking grants to more widely promote generic drugs as PSA or consumer health articles.</i></p> <p>7. Implement subscriber e-mail notification system to advise interested parties about additions to the board's Web site</p>
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	<p><i>October 2004: implemented system</i></p> <p><i>January 2005: system promoted in the board's The Script newsletter.</i></p> <p><i>March 2005: system used to notify subscribers about recall of compounded medication that could be contaminated.</i></p> <p><i>June and July 2005: system activated repeatedly to alert subscribers about meeting agendas and packets available on the board's Web site for downloading.</i></p> <p>8. Participate in the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign <i>July 2004: Board endorses program.</i></p> <p>9. Participate in the Circle of Advisors, a group of the Pharmacy Access Partnership <i>October 2004: Attend October meeting.</i></p>
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Objective 4.2:	Develop 10 communication venues to licensees by June 30, 2006.
Measure:	Number of communication venues developed to licensees
Tasks:	<p>1. Publish <i>The Script</i> two times annually.</p> <p><i>October 2003: The Script is published and mailed to all pharmacies. CPhA's Education Foundation will print and mail the newsletter to all California pharmacists</i></p> <p><i>November 2003: CPhA's Education Foundation mails October The Script to all pharmacists.</i></p> <p><i>January 2004: Articles for the next issue of The Script are completed and sent for legal review.</i></p> <p><i>March 2004: The Script is published and mailed to all California pharmacies.</i></p> <p><i>April 2004: The March issue is provided to CPhA's Pharmacy Foundation of California for printing and mailing copies to California pharmacists.</i></p> <p><i>Board begins contract solicitation for future issues.</i></p> <p><i>April 2004: Board agrees to work with UCSF to development and promote monograph on Atrial Fibrillation.</i></p> <p><i>June 2004: Contract for newsletter editor awarded for next two years</i></p> <p><i>August 2004: Board hires retired annuitant to develop newsletter.</i></p> <p><i>January 2005: Board publishes January 2005 issue of The Script.</i></p> <p><i>July 2005: Board writes articles for next newsletter which are undergoing review by staff.</i></p> <p>2. Publish one <i>Health Notes</i> annually.</p> <p><i>September 2003: Discussions begin to coordinate a major revision to "Pain Management" Health Notes, updating treatment information as well as new requirements for prescribing and dispensing controlled drugs in California enacted by SB 151, which will take effect in a series of stages throughout 2004.</i></p> <p><i>November 2003: Authors for "Pain Management" selected and commit to writing articles, which are due in late January.</i></p>

	<p><i>February – April 2004: board receives and edits articles from authors</i></p> <p><i>April 2004: Board agrees to work with UCSF to produce a future issue on smoking cessation. Outside funding will be sought for development of this issue.</i></p> <p><i>June 2004: Board Member Schell edits articles for new “Pain Management” <u>Health Notes</u>.</i></p> <p><i>October 2004: Board staff edits for “Pain Management”</i></p> <p><i>January 2005: Board approves development of “Pharmacy Disaster Response” which is targeted for publication later this year.</i></p> <p>3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentations at local and annual professional association meetings throughout California.</p> <p><i>July 2003: Board presents Powerpoint continuing education program to 35 MediCal staff in Los Angeles and 60 pharmacists at local association meeting in Santa Barbara.</i></p> <p><i>September 2003: presentation to 40 pharmacists at the Long-Term Care Academy.</i></p> <p><i>Board Member Jones attends the Indian Pharmacist Association Meeting to present board Powerpoint presentation.</i></p> <p><i>October 2003: Presentation and information booth provided at CSHP’s Seminar 2003</i></p> <p><i>December 2003: Board provides continuing education to 80 pharmacists at Coachella Valley local association</i></p> <p><i>January 2004: Board provides compounding pharmacy information to 25 health directors of large hospital chain in U.S.</i></p> <p><i>February 2004: Board presentation to 125 pharmacists and students at USC’s School of Pharmacy, and later in the month new pharmacy law changes presented to 125 students at UCSF’s School of Pharmacy.</i></p> <p><i>Board CE presentation provided to Circle of Advisors Meeting of the Pharmacy Access Partnership</i></p> <p><i>March 2004: Board CE presentation provided to 125 students at UCSF</i></p> <p><i>Presentation on quality assurance programs provided to the San Diego Association for Healthcare Risk Management.</i></p> <p><i>April 2004: Presentation of CE program and the new examination process for pharmacists to 115 students at Western School of Pharmacy.</i></p> <p><i>May 2004: Presentation of the board’s CE program to the San Diego Pharmacists Association.</i></p> <p><i>Presentation of CE program and the new examination process for pharmacists to 200 UOP students, and 50 Loma Linda students, to 100 people at USC.</i></p> <p><i>June 2004: Presentation to the Department of Health Services on pharmacy issues.</i></p> <p><i>CE presentations made to the Korean Pharmacists Association (50 individuals) and the University of Santo Tomas’ Alumni Association (50 individuals).</i></p>
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	<p><i>Presentation to DHS' audit and investigation staff on pharmacy issues.</i></p> <p><i>Presentation to Sacramento Valley Health System pharmacists (25 individuals)</i></p> <p><i>October 2004: Presentation to Sacramento Valley Health System pharmacists on sterile compounding and quality assurance programs (25 individuals)</i></p> <p><i>Presentation about board to Indian Pharmacists Association (about 500 individuals)</i></p> <p><i>Presentation to California Primary Care Association's October meeting. Also, presentation to HICAP to train their staff about the board's jurisdiction for consumer complaints and when consumers should be routed to the board.</i></p> <p><i>November 2004: Supervising Inspector Robert Ratcliff gives the keynote address at CSHP's 2004 Seminar in Long Beach. Also President Goldenberg speaks on importation. Supervising Inspector Dennis Ming presents an "Update and What's New in Pharmacy Compounding." More than 500 people attend the CSHP's 2004 Seminar.</i></p> <p><i>January 2005: Supervising Inspector Ratcliff presents information on new pharmacy law to Phi Delta Chi at USC.</i></p> <p><i>February 2005: The board staffs an information booth for two days at CPhA's 2005 Outlook, over 500 pharmacists visit booth.</i></p> <p><i>Board President Goldenberg meets with deans from the California schools of pharmacy, CSHP, and CPhA to discuss pharmacy issues..</i></p> <p><i>Supervising Inspector Ratcliff presents information to 100 1st year students at UCSF's School of Pharmacy, and Supervising Inspector Ming and staff present information on pharmacy law and applying for the pharmacist licensure examination to 85 students at Western University.</i></p> <p><i>March 2005: Executive Officer Harris presents information about the board to 1st year students at UCSF.</i></p> <p><i>Board Member Schell presents information on automated technology in pharmacies to pharmacy students during April 2005's Legislative Day.</i></p> <p><i>April 2005: Board Member Schell presents information about issues before the board to a group of 40 pharmacists at the Chico area Pharmacists Association, and information about automation technology in pharmacies to a group of UCSF faculty and students.</i></p> <p><i>May 2005: Board Members Goldenberg and Conroy present information about becoming involved and new pharmacy law to well over 100 UOP students</i></p> <p><i>Executive Officer Harris provides information about California's security prescription forms for controlled</i></p>
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	<p>drugs at the National Association of Boards of Pharmacy annual meeting.</p> <p>4. Maintain important and timely licensee information on Web site.</p> <p>July 2003: All information packets for public meetings of the board placed on Web site in addition to agendas</p> <p>October 2003: The October 2003 <i>The Script</i> added to Web site</p> <p>November 2003: The board places information about new pharmacist licensure examinations on Web site</p> <p>January 2004: Web page modified to make it easier to find pharmacist licensure examination information Licensure verifications can be performed by printing license verification information from the Web site, eliminating need to obtain this directly from board Board updates Pharmacy Law and Index to reflect new laws. New pharmacy technician form placed online</p> <p>February 2004: Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online</p> <p>March 2004: Material explaining new prescribing and dispensing requirements for controlled substances placed online. California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. <i>The Script</i> March 2004 added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.</p> <p>July-October 2004: additional material on prescribing controlled substances in California added. Information about how exams are graded and reapplication procedures added to Web site. Modified emergency contraception protocol to reflect new manufacturers. Agendas, minutes, and meeting packets added to Web site of all public meetings held during this period.</p> <p>October 2004: information added from the Public Health Section of the Department of Health Services regarding priorities for distributing flu vaccines to Californians due to a shortage of the vaccines.</p> <p>November 2004 –January 2005: agendas, minutes, and meeting packets added to Web site of all public meetings held during this period.</p> <p>December 2004: information added to aid pharmacies in filling controlled substances prescriptions that may not fully conform with new security prescription forms.</p> <p>January 2005: revised 2005 Pharmacy Law with index put online.</p> <p>February 2005: updated questions and answers about filling and dispensing controlled substances added to the Web site. <i>The January 2005 The Script</i> added online.</p> <p>March 2005: emergency contraception fact sheet translated into Armenian, the 11th language version of this fact sheet, and added to the board's Web site. New section containing all new pharmacy laws enacted in 2004 added to Web site.</p> <p>March – April 2005: agendas, minutes and meeting packets added to</p>
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	<p><i>Web site of all public meetings held during this period.</i></p> <p><i>May – July 2005: agendas, minutes and meeting packets added to Web site of all public meetings held during this period.</i></p> <p>10. Create a consumer fact sheet series in conjunction with California schools of pharmacy on topics of interest.</p> <p><i>April 2004: Board agrees to work with UCSF's Center for Consumer Self Care to develop the fact sheets.</i></p> <p><i>June 2004: Committee meets with director of UCSF's Center for Consumer Self Care to begin work on the fact sheets. The goal is to produce three fact sheets per quarter, and reevaluate the project in one year</i></p> <p><i>October 2004: UCSF ready to work with students on the first three fact sheets</i></p> <p><i>January 2005: First three fact sheets developed and distributed. Efforts begin to seek translation of these fact sheets into different languages.</i></p> <p><i>March 2005: Two additional fact sheets developed, and undergoing review.</i></p> <p><i>July 2005: 11 interns sign on to develop three fact sheets each. Committee considers development of special and joint Web site with the Center for Consumer self care to house the fact sheets once developed.</i></p> <p>11. Create public education activities to educate prescribers, dispensers, patients and law enforcement about changes in law regarding dispensing of controlled substances.</p> <p><i>January 2004: Board develops Power Point presentation on new prescribing and dispensing requirements for controlled drugs, and revises its Powerpoint CE program on the board and pharmacy law.</i></p> <p><i>Board presents information on new prescribing and dispensing requirements for controlled drugs to 15 investigators at a FBI Drug Diversion Meeting.</i></p> <p><i>February 2004: Presentation of new controlled substances requirements provided to San Francisco Health Plan P & T Committee.</i></p> <p><i>March 2004: Presentation of new controlled substances requirements to 60 members of California Coalition for Compassionate Care "train the trainers" meeting, to 60 members of the Northern California Pain Coalition meeting, the Medical Board of California's complaint handlers, and to groups of physicians in two events.</i></p> <p><i>April 2004: Presentation on prescribing and dispensing controlled substances under the new California requirements to a teleconference of pain management specialists, to the Academy of Long Term Care, to a meeting of 25 pharmacists in Sacramento, and to attendees at a DHS Public health grand rounds.</i></p> <p><i>May 2004: Presentation on new requirements for prescribing and dispensing controlled substances provided to 1,294 prescribers and pharmacists via teleconference. Also, the board advertised another teleconference presentation on its Web site</i></p>
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	<p><i>and presented this information to a large number of pharmacists. Another presentation was made to the San Luis Obispo County Narcotic Task Force.</i></p> <p><i>June 2004: Presentation of the new requirements made to 150 physicians at Memorial Care Hospital in Anaheim.</i></p> <p><i>Presentation to 25 pharmacists at Sacramento hospital pharmacist association meeting, presentation to DHS auditors</i></p> <p><i>July 2004: Questions and answers added to board Web site.</i></p> <p><i>Presentation of the new requirements made to Sacramento Valley Health Systems Pharmacists (25 pharmacists), to physicians, pharmacists and law enforcement in San Luis Obispo</i></p> <p><i>August 2004: Audiotape of the board's Power Point presentation placed on the board's Web site. Presentation of the new requirements made to staff of the Department of Justice; to 40 pharmacists, physicians and other health care providers in Sacramento; to staff of the Department of Health Services; to over 50 health care providers at an event hosted by the Pharmacy Foundation of California; to investigators of the Department of Justice; and to more than 600 individuals at CMA's annual pain conference.</i></p> <p><i>September 2004: Presentation of the new requirements made to staff of the UCSF Medical Center, to Department of Justice diversion investigators, to pharmacists at the San Diego Chapter of ASCP, and to 100 health care providers at St. Mary's Medical Center in Orange County</i></p> <p><i>October 2004: Presentation of the new requirements made to 50 health care providers in Redding via telephone conference, and to the Santa Clara County Medical Society</i></p> <p><i>November 2004: Supervising Inspector Robert Ratcliff gives the keynote address at CSHP's 2004 Seminar in Long Beach.</i></p> <p><i>Presentation to 80 pharmacists at the Orange County Chapter of the CPhA November 18 meeting.</i></p> <p><i>December 2004: Presentation to 70 pharmacists at a Indian Pharmacist Association Meeting in Artesia on December 10.</i></p> <p><i>Presentation to 164 health care providers via a telephone conference presentation to the Northern California Pain Initiative Executive Committee on December 14.</i></p> <p><i>January 2005: Presentation to 90 pharmacists at the South Bay Pharmacy Association meeting on January 6.</i></p> <p><i>February 2005: updated questions and answers about filling and dispensing controlled substances added to the Web site.</i></p> <p><i>Board Member Jones presents information on new dispensing requirements for controlled drugs at the CPhA's Outlook 2005 Meeting over 200 pharmacists.</i></p> <p><i>Supervising Inspector Ratcliff presents information on prescribing and dispensing controlled substances to approximately 90 pharmacists to the San Fernando</i></p>
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	<p><i>Pharmacy Association.</i></p> <p><i>March 2005: Supervising Inspector Ming presents information about new prescribing and dispensing requirements for controlled drugs at the San Mateo County Pharmacists Association Meeting to 84 pharmacist and pharmacy technicians.</i></p> <p><i>Supervising Inspector Ratcliff presents information about new prescribing and dispensing requirements for controlled substances to about 20 physicians at High Desert Medical Center.</i></p> <p><i>April and May 2005: Supervising inspectors provided information about controlled substances dispensing requirements to DEA agents from Oakland, Sacramento, San Jose and Fresno.</i></p> <p><i>May 2005: Supervising inspectors provided information about new prescribing and dispensing requirements for controlled substances to pharmacist members of the California Employee Pharmacist Association in Los Angeles and to hospital administrators and directors. Executive Officer Harris provided information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting.</i></p> <p><i>June 2005: Supervising Inspector Ratcliff provides information about new prescribing and dispensing requirements for controlled substances to the Hollywood-Wilshire Pharmacists Association.</i></p>
<p>Objective 4.3:</p>	<p>Participate in 20 forums, conferences and public education events by June 30, 2006.</p>
<p>Measure:</p>	<p>Number of forums participated</p>
<p>Tasks:</p>	<p>1. Participate in forums, conferences and educational fairs.</p> <p><i>August 2003: Board staffs an information booth at Sacramento's Consumer Health Fair, co-hosted by Kaiser, AARP, Area 4 Agency on Aging and Congressman Matsui:</i></p> <p><i>September 2003: Board President Jones attends NABP's District VII and VIII annual meeting</i></p> <p><i>October 2003: Board staffs an information booth at CSHP Seminar 2003</i></p> <p><i>Board staffs an information booth at Los Angeles County Health Fair and Senior Festival, over 2,000 people attend. Board staffs an information booth at Sacramento's Healthy Aging Summit</i></p> <p><i>January 2004: Board staffs an information booth at CPhA's Outlook 2004. Board presentations include information on new pharmacy law, board operations and new examination requirements.</i></p> <p><i>April 2004: Board members attend National Association of Boards of</i></p>

	<p><i>Pharmacy Meeting in Chicago.</i></p> <p><i>May 2004: Board staffs booth at Healthy Aging 2004 in Sacramento, 300 people attend.</i></p> <p><i>Board staffs booth at the Senior Health Fair in Yreka, over 150 consumers attend.</i></p> <p><i>June 2004: Former board president attends discussion session hosted by the Pharmacy Foundation of California on the importation of drugs into the US.</i></p> <p><i>Board inspector attends two-week drug diversion and investigation training sponsored by the Drug Enforcement Administration at the FBI's headquarters in Quantico, VA</i></p> <p><i>July 2004: Board endorses the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign</i></p> <p><i>Board staffs booth at Asian Community Fair</i></p> <p><i>August 2004: Board staffs a booth at the San Diego Better Business Bureau's "Consumer Expo"</i></p> <p><i>September 2004: Executive officer attends Clearinghouse on Licensure and Enforcement Meeting in Kansas, and presents segment on regulators doing more with less.</i></p> <p><i>Board staff provide information about the board and senior discount programs for drugs at Triple R program in Sacramento</i></p> <p><i>Board staff provide information at a senior fair in Yreka where nearly 450 attend. Board staff distribute information to consumers at the 6th Annual Los Angeles County Health Fair and at the Senior Exposition where 1,000 people attended, at the Healthy Aging Summit in Sacramento where 700 people attended.</i></p> <p><i>November 2004: the board staffs a booth at the Paso Robles Senior Center's Senior Health Fair where approximately 400 people attend.</i></p> <p><i>January 2005: Staff attend the California Prescription Drug Forum, sponsored by the California Policy Research Center, California Program on Access to Care.</i></p> <p><i>The board participates as a sponsor at a brown bag consultation event with pharmacists hosted by KCRA TV and Rite Aid in Sacramento, about 6,000 people attend this two-day event.</i></p> <p><i>Staff host an information booth at a Consumer Protection Day event in San Diego. Department Director Charlene Zettel was the keynote speaker.</i></p> <p><i>February 2005: The board attends CPhA's annual meeting in San Diego. Board Member Jones presents information about the new prescribing and dispensing laws for controlled substances. Supervising Inspector Ming presents information about compounding pharmacies.</i></p> <p><i>March 2005: The board staffs an information booth at UCD's Healthy Aging Conference in Sacramento; over 1,000 people attend.</i></p> <p><i>May 2005: Executive Officer and board members attend</i></p>
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	<p><i>annual meeting of National Association of Boards of Pharmacy meeting.</i></p> <p><i>Board President Goldenberg provides information about the challenges caused by the rising cost of prescription drugs at a Seniors Convention and Health Fair at the LA City Convention Center.</i></p> <p><i>Executive Officer Harris provides information about California's security prescription forms for controlled drugs at the National Association of Boards of Pharmacy annual meeting. She also presents information about the California Health Communication Partnership's activities during this meeting.</i></p> <p><i>June 2005: President Goldenberg represents the board at the founding meeting of the California Pharmacy Leadership Council.</i></p>
Objective 4.4:	Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.
Measure:	Percentage response to information requests from governmental agencies
Tasks:	<ol style="list-style-type: none"> 1. By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam. <i>April 2004: Draft report provided to board members at April Board Meeting</i> <i>December 2005: Final report submitted to Legislature, as required.</i> 2. Provide information to legislators regarding board implementation of statutory requirements. <i>April – June 2004: Board provides substantial technical assistance to authors with pending legislation regarding implementation of importation of Canadian drugs, automated dispensing machines in skilled nursing facilities, and wholesaling requirements for drugs within and into California.</i> <i>January 2005: Board analyzes three ballot initiatives involving prescription drugs at the request of the Secretary of State's Office.</i> <i>January – April 2005: Board provides substantial technical assistance to authors with proposed or pending legislation regarding implementation of wholesaler licensing requirements, recycling of drugs from skilled nursing homes, sales of ephedrine products by pharmacists, provision of emergency contraceptives, prescription container labeling requirements, electronic transmission of prescriptions, automated dispensing machines, controlled substances prescriptions, tracking of drug sales from pharmacies and online pharmacies</i> <i>May 2005: Board staff identify all forms online so that these can be added to a "one-stop shopping" location on DCA's Web site.</i> <i>June 2005: Board provides data regarding examination development and statistics to the department for its report to the Legislature.</i> 3. Provide agency statistical data (ASP) information to the department.

	<p><i>Sept. 2003: Board submits data to department as required.</i></p> <p><i>Nov. 2003: Board provides information to department on impact of budget reductions in terms of funding and staff in response to request from Senate Business and Professions Committee</i></p> <p><i>September 2004: board submits ASP data to department as required.</i></p> <p>4. Board provides information to department on the Bilingual Services Program Survey due September 15, 2003. <i>September 2003: data provided</i> <i>January 2004: All staff collect data for survey of public contacts by the language of the individual</i></p> <p>5. Department of Consumer Affairs, Internal Audit of the Board released March 2003 as part of Sunset Review <i>October 2003: Board compiles 180-day post audit report to the department</i> <i>March 2004: Board compiles 360-day post audit report to the department.</i> <i>April 2004: Department evaluates and submits final post-audit review of board activities; the board is in compliance.</i></p> <p>6. Software Inventory Report of all software in use by Board of Pharmacy <i>December 2003: Board compiles this massive and detailed report.</i> <i>March 2005: Board compiles this massive</i></p> <p>7. Regulation Summary Report of all regulations enacted from 1999-2003, pursuant to Executive Order S-2-03 <i>January 2004: Report compiled and submitted timely</i></p> <p>8. Review of board operations, procedures, procedure manuals, applications, publications, etc., for underground regulations pursuant to Executive Order S-2-03 <i>January 2004: Report compiled and submitted timely</i> <i>April 2005: Follow-up request from the Office of Administrative Law requires no further action on the board's part.</i></p> <p>9. Board meets with delegation from China Zhejiang Provincial Drug Administration at request of this agency in December 2003</p> <p>10. Board compiles self-evaluation and transition plan report on services and procedures for equal access for employees, applicants to assure no policies discriminate against persons with disabilities and the public</p> <p>11. Report backlogs and impacts of staffing and budget reductions on workload <i>Sept. 2003: Report compiled and submitted.</i> <i>Nov. 2003: Report compiled and submitted.</i> <i>February 2004: Report compiled and submitted.</i> <i>March 2004: Report compiled and submitted</i> <i>April: Report compiled and submitted.</i> <i>May: Report compiled and submitted.</i> <i>June: Report compiled and submitted.</i> <i>July: Report compiled and submitted.</i> <i>August: Report compiled and submitted.</i> <i>September: Report compiled and submitted.</i> <i>October: Report compiled and submitted.</i></p>
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	<p><i>Requests for these reports end after submission of the October 2004 report.</i></p> <p>12. Respond to requests for reports from the Department of Consumer Affairs or State and Consumer Services Agency.</p> <p><i>April 2004: Provided a compilation of all board applications available online for the Office of Information Services, and its Strategic Plan</i></p> <p><i>Provided copies of four surveys used by the board to obtain satisfaction measures of the board's Web site, complaint processes, public education presentations and job analysis survey of pharmacists at the request of the Consumer and Education Division.</i></p> <p><i>Compiled examination program review data for the California Pharmacist Jurisprudence Examination and North American Pharmacist Licensure Examination at the request of the Office of Examination Resources..</i></p> <p><i>Compiled another report required by section 139 of the Business and Professions Code regarding examination validation for the California Pharmacist Jurisprudence Examination and North American Pharmacist Licensure Examination at the direction of the Office of Examination Resources.</i></p> <p><i>Compiled data regarding manpower shortages of board licensees at the request of the executive office.</i></p> <p><i>Compiled data describing all board application processing steps for the board's 12 major programs at the request of the department.</i></p> <p><i>May 2005: Board staff identify all forms online so that these can be added to a "one-stop shopping" location on DCA's Web site.</i></p> <p><i>June 2005: Board provides data regarding examination development and statistics to the department for its report to the Legislature</i></p>
Objective 4.5	Respond to 100 percent of public information requests regarding board programs and activities.
Measure:	Percentage response to information requests from the public
Tasks:	<p>1. Respond to public information requests.</p> <p><i>July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded within required timeframes.</i></p> <p><i>Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes.</i></p> <p><i>Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72 percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days.</i></p> <p><i>April – June 2004: the board received 37 public inquiries, three</i></p>

	<p><i>subpoenas and 254 written license verifications. Seventy-four percent of the inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 70 percent of the license verifications were performed within 10 days.</i></p> <p><i>July-September 2004: the board received 64 public inquiries, five subpoenas and 227 written license verifications. Seventy-eight percent of the inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 64 percent of the license verifications were responded to within five days.</i></p> <p><i>October –December 2004: the board received 49 public inquiries, requests for 208 written license verifications, and four subpoenas. Seventy three percent of the inquiries were responded to within 10 days, 64 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.</i></p> <p><i>January – March 2005: the board received 75 public inquiries, requests for 198 written license verifications, and five subpoenas. Eighty-one percent of the inquiries were responded to within 10 days, 80 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.</i></p> <p><i>April – June 2005: the board received 78 public inquiries, requests for 301 written license verifications, and three subpoenas. Ninety percent of the inquiries were responded to within 10 days, 90 percent of the license verifications were performed within 10 days, and all subpoenas were responded to within five days.</i></p>
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